DOCUMENT RESUME

ED 340 987 CG 023 944

AUTHOR Walz, Garry R., Ed.; Bleuer, Jeanne C., Ed.
TITLE Helping Students Cope with Fears and Crises.
INSTITUTION ERIC Clearinghouse on Counseling and Personnel Services, Ann Arbor, Mich.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO ISBN-1-56109-040-9
PUB DATE 92
CONTRACT RI88062011
NOTE 115p.; Modules 1 and 2 of "Developing Support Groups for Students: Helping Students Cope with Crises"; see CG 023 943.
PUB TYPE Information Analyses - ERIC Clearinghouse Products (071) -- Collected Works - General (020) -- Reports - General (140)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Adolescents; Anxiety; Children; *Coping; Counselor Role; *Crisis Intervention; Elementary School Students; *Elementary Secondary Education; Fear; Grief; School Counseling; Secondary School Students; *Social Support Groups; Stress Variables; Teacher Role; War
IDENTIFIERS Gulf War

ABSTRACT

This document consists of two modules extracted from a six-module larger work. Module 1 presents six articles on the topic of "helping students to cope with fears and crises." Module 2 contains 17 articles on "programs and practices for helping students cope with fears and crises." Article titles and authors are as follows: (1) "Worries of Elementary School Students" (Jeremiah A. Crowley); (2) "Fears Are Natural Part of Growing Up" (Lawrence Kutner); (3) "How Children Grieve: Implications for Counseling" (Helene McGlauflin); (4) "Helping Children Cope with War" (Jenni Zimmer); (5) "The Gulf Crisis: Student Concerns, Teacher Responses"; (6) "Counselors, Teachers, and Death Education" Richard C. Nelson); (7) "Children's Fears: Toward a Preventive Model" (Edward H. Robinson, III, Joseph C. Rotter, Mary Ann Fey, Sandra L. Robinson); (8) "Children and Crises: A Developmental Guidance Approach" (John Allan, Eileen Anderson); (9) "11 Tips: Talking with Your Child about War" (Elizabeth Crary); (10) "Children and War-Responding to Operation Desert Storm: A Special Handout for Parents" (Debby Waddell, Alex Thomas); (11) "Children and War-Responding to Desert Storm: A Special Handout for Teachers" (Debby Waddell, Alex Thomas); (12) "Responding to Student or Teacher Death: Preplanning Crisis Intervention" (James R. Sorensen); (13) "The Role of School Counselors with Bereaved Teenagers: With and Without Peer Support Groups" (Ross E. Gray); (14) "Parents Away Group: An Ongoing Support Group for Children in Grades K-6 with Deployed Parents" (Julie Murphy, Vermelle J. Matthews); (15) "Responding to Suicide in Schools: A Case Study in Loss Intervention and Group Survivorship" (Ellen S. Zinner); (16) "'Stressing' Relaxation in the Classroom" (Iris Prager-Decker); (17) "The PEACE Process: A Modified Senoi Technique for Children's Nightmares" (Janece O. Hudson, Carol O'Connor); (18) "Teaching Children about Death" (Marjorie Brookshire, Melody P. Noland); (19) "Using Guided Fantasy with Children" (Ron F. Anderson); (20) "Rechanneling Anxieties" (Gerard Giordano); (21) "Do More than Tie a Yellow Ribbon" (American Association for Counseling and Development); (22) "Essential Elements of a Teacher In-Service Program on Child Bereavement" (Bruce Cunningham, Jan Hare); and (23) "Responding to Children's Fears about War" (Jenni Zimmer). (ABL)

ED340987

HELPING STUDENTS COPE WITH FEARS AND CRISES.

and

PROGRAMS AND PRACTICES FOR HELPING STUDENTS COPE WITH FEARS AND CRISES

Modules 1 and 2 of

"Developing Support Groups for Students: Helping Students Cope with Crises."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

CG 023 944

MODULE 1

HELPING STUDENTS COPE WITH FEARS AND CRISES

Introduction

Perspective is all important in developing student support groups. Questions relating to student needs and how they can be met using a variety of resources and interventions must be answered. This module focuses upon helping the user broaden his/her perspective on student fears and crises. It lays the groundwork for building specific programs that are presented in Module 2. Most basically, it presents the view that a person's developmental history will determine her/his response to death and crisis. It further suggests that individual responses to events should be viewed from both an age norm (what are normal fears for a person this age) and the individual's own understanding and response to death, risk taking, and so on. Using this module will assist the reader in understanding students' fears and stress and to consider the different roles school faculty can play in successfully intervening at times of heightened fear and stress.

BEST COPY AVAILABLE

Worries of Elementary School Students

Jeremiah A. Crowley

Knowing what young people worry about can assist counselors, teachers, principals, and parents to understand them better and to aid in their development. When school personnel and family members are aware of the concerns of students they can take steps that will help them cope with life and enjoy a certain measure of happiness. The world of elementary school students is not nearly as safe and protected as most people believe (Shapiro & Rylewicz, 1976). These young people experience a great deal of stress and anxiety.

To clearly understand what young people are experiencing, it is important to realize that stress and anxiety are not interchangeable terms. *Anxiety* is what people feel when stress is placed on them. It is a reaction to stress (May, 1977). *Stress* is the cognitive component of anxiety that generally brings about lowered levels of performance. This cognitive element is known as worry (Morris, Brown, & Halbert, 1977).

Morris, Finkelstein, and Fisher's research (1976) of third-grade through eighth-grade students indicated that there is no significant difference in the amount of worrying that is done by males compared with females. Bauer (1976) found that 55% of sixth-grade students sampled expressed concerns that involved bodily injury and physical harm. Kovacs and Beck (1977) concluded from their study of seventh- and eighth-grade students that the higher the rating by teachers of students' performance in the classroom, the lower the scores obtained by these learners on a depression test. It seems that there is a negative relationship between worry and academic achievement.

The purpose of this study was to ascertain what elementary school students worry about most.

Method

Elementary school students were asked to write their responses to the question, What do you worry about most? They were told not to sign their papers so that anonymity would be maintained. A frequency count of all responses was computed.

The sample consisted of 438 students from third-grade through eighth-grade in 11 schools in a metropolitan area in the Southeast. The random selection included 218 males and 220 females. The participants were drawn from seven inner city schools, three suburban schools, and one private school. The study involved 86 third-graders, 103 fourth-graders, 92 fifth-graders, 80 sixth-graders, 51 seventh-graders, and 26 eighth-graders.

Results

Table 1 shows the dominant worries of third- through eighth-graders. A chi-square test indicated no significant differences in the proportion of worrying by males compared with females. Students

in the inner city schools, suburban schools, and the private school tended to worry about similar things. The percentage of students who worry about grades was consistently high across grade levels. This concern was listed by 38% of third-graders, 44% of fourth-graders, 52% of fifth-graders, 61% of sixth-graders, 69% of seventh-graders, and 58% of eighth-graders. When concerns about injury to self are combined with worries about injury to or death of loved ones, the survey indicated that 51% of the students sampled were worried about bodily injury and physical harm.

Certain worries seem to increase with grade level. Future education-vocation was a concern for 20% of seventh-graders and for 19% of eighth-graders. It was not listed by any student in a lower grade. Homework was chosen by 27% of the students in the three lower grades and by 41% in the three higher grades.

The results indicate that some worries are more prevalent at the three lower grades (third-grade, fourth-grade, and fifth-grade) than at the three higher grades (sixth-grade, seventh-grade, and eighth-grade). Injury to self was a concern for 31% of lower grade students compared with 18% for the higher level; injury to or death of loved ones, 29% and 15%, respectively; being yelled at, 24% and 15%; and fighting, 20% and 13%.

Discussion

It is not necessary to discover the reasons why young people worry to assist them to resolve their concerns. Ivey and Simek-Downing (1980) concluded from a review of the relevant literature that a more effective approach was to teach anxious people how to relax. Graubard (1978) pointed out that persons who are physically relaxed cannot be anxious. Keat (1977) emphasized that knowing how to relax will help children begin to solve their problems in daily living. Graziano (1974) found that the calm experienced by hyperactive students during relaxation training was extended throughout the school day and generalized to interactions with parents and siblings at home.

The implications are that the types of worries experienced by the elementary school students in this study may be alleviated through relaxation training. They would learn that they could control their reactions to stressful events and maintain a state of calm and relaxation. The skills acquired may be generalized to other anxiety-producing situations.

I recommended that a relaxation tape developed specifically for use with children be used in the training. The best results would be obtained from a good script that is presented with the correct tone, modulation, and rate of delivery. A high caliber tape

Table 1
Frequency of Occurrence of Worries Among Male and Female Third, Fourth, Fifth, Sixth, Seventh, and Eighth Graders

Source of Worry	Males	Females	Total	%
Grades	117	108	225	51
Homework	75	65	140	32
Injury to self	66	50	116	26
Injury or death of loved ones	54	53	107	24
Being yelled at	32	43	75	17
Fighting	39	35	74	17

Note. The total number of participants was 438 students; 218 were male students and 220 were female students.

would not leave these important factors to chance. The most appropriate type of tape, such as *Self-Relaxation for Children* (Keat, 1977), would also offer a variety of relaxation techniques. This tape, developed by Keat, teaches children to relax through learning to breathe properly, to tense and relax muscles, to imagine pleasant scenes, to develop statements that will have a calming influence, and to know how to blend all these techniques together.

I suggested that students listen to the tape and participate in the strategies at least once a week until they have learned how to relax in stressful situations. A tape can be made available for those who desire or need to use it more frequently. The children should be encouraged and reminded to practice the techniques on a daily basis. Once the students have mastered the strategies, they will be able to induce self-relaxation rapidly in an abbreviated form. They will discover which strategy or combination of techniques works best for them.

Learning to breathe properly will be helpful in coping with the problems listed by the students. Inhaling deeply and exhaling slowly generally leads to a state of relaxation. Anxious persons tend to feel tightness in their chests when they inhale deeply. Relaxation is experienced after all air is expelled (Keat, 1977). Students will he able to practice this technique without drawing undue attention to themselves. A variation of this approach is to inhale deeply and tell oneself to relax while exhaling slowly. Eventually, relaxation may be achieved by inhaling normally and telling oneself to relax while exhaling normally.

This technique—combining proper breathing with a calming statement—is appropriate for students who worry about grades and homework. They can use this method before, during, or after a test or assignment to help them cope appropriately and effectively with anxiety. A good follow-up procedure, especially when pressure is on them to excel, is to allow themselves to think briefly about the most pleasant scene that they can imagine.

These same strategies are useful in reducing anxiety about being yelled at or fighting. In addition, combining them with the technique of tensing and relaxing muscle areas of the body will help students to relax in hostile situations. The tape developed by Keat (1977) trains young people to tense and then relax their "hands, arms, jaws, lips, nose, neck, shoulders, back, stomach, legs, and toes" (p. 5). The muscle areas are relaxed in sequence. Only one area is concentrated on at any one time. Once the skill has been mastered, students can abbreviate the technique by focusing on the area that is most tense.

Elementary school students who are worried about injury to self or injury to or death of loved ones will also learn to be calm and relaxed by participating in the training. It is important for them to use all the above strategies in training because their worries tend to affect many aspects of their daily living. They will probably benefit most by "stacking-the-deck" as much as possible in their favor. Even after they learn to be calm and relaxed, it is recommended that they continue to use regularly an abbreviated form of relaxation that involves many techniques. The portion of the tape in which Keat trains participants to blend all the techniques together may be used effectively as an abbreviated form. He combines relaxation of muscles with proper breathing, one's peaceful scene, and a calming statement—all performed within a few minutes.

Because school personnel and family member have a special commitment to youth, they play important roles in helping elementary school students find a measure of happiness in life. Many students need assistance in unlearning inappropriate behaviors and reeducation in life-coping strategies. They can be taught to react to events, situations, and persons in an appropriate and effective manner through the use of relaxation techniques. Relaxing and worrying are incompatible. The energy that is dissipated through worrying can be channeled into higher levels of performance, problem solving, and more joyful living.

References

Bauer, D. H. (1976). An exploratory study of developmental changes in children's fear. *Journal of Child Psychology and Psychiatry and Allied Sciences, 17*, 69–74.

Graubard, P. S. (1978). *Positive parenthood: Solving parent-child conflicts through behavior modification*. New York: The New American Library, Inc.

Graziano, A. M. (1974). *Child without tomorrow.* —New York: Pergamon Press.

Ivey, A. E., & Simek-Downing, L. (1980). *Counseling and psychotherapy: Skills, theories, and practice.* Englewood Cliffs, NJ: Prentice Hall.

Keat, D. B. (1977). *Child relaxation: Teaching children how to relax* (Manual and Script). Harrisburg, PA: Professional Associates.

Keat, D. B. (1977). *Self-relaxation program for children* (Cassette). Harrisburg, PA: Professional Associates.

Kovacs, M., & Beck, A. T. (1977). An empirical clinical approach towards a definition of childhood depression. In J. G. Schulterbrandt & A. Raskin (Eds.), *Depression in children: Diagnosis, treatment, and conceptual models.* New York: Raven Press.

May, R. (1977). *The meaning of anxiety* (Rev. ed.). New York: W. W. Norton.

Morris, L. W., Brown, N. R., & Halbert, B. L. (1977). Effects of symbolic modeling on the arousal of cognitive and affective components of anxiety in preschool children. In C. D. Speilberger & I. G. Sarason (Eds.), *Stress and anxiety* (Vol. 4). Washington, DC: Hemisphere Publishing Corporation.

Morris, L. W., Finkelstein, C. S., & Fisher, W. R. (1976). Components of school anxiety: Developmental trends and sex differences. *Journal of Genetic Psychology, 128,* 49–57.

Shapiro, S., & Rylewicz, H. (1976). *Feeling safe: Making space for the self.* Englewood Cliffs, NJ: Prentice Hall.

Jeremiah A. Crowley is Assistant Professor of Counselor Education at the Citadel, Charleston, South Carolina.

This article originally appeared in the journal *Elementary School Guidance and Counseling* and is reprinted with permission from the American Association for Counseling and Development.

Fears are Natural Part of Growing Up

Lawrence Kutner

The war in the Persian Gulf has made parents more sensitive to their children's fears.

Young children may worry that the fighting will soon be in their backyards and that bombs may fall on their homes. Older children may express their anxiety by becoming more aggressive in play. Yet children do not need extraordinary events to upset them.

Children's reactions to the war may aggravate existing fears and bring normally hidden anxieties to the surface. Yet fear itself is a normal part of childhood.

The things that routinely upset children of different ages give us insight into their normal growth and development. The timing and patterns of those fears help us teach our children to become self-reliant.

For 6-year-old Katie Corbett, the night can be a time filled with fears. She is afraid a burglar will break into her house, or that there will be a fire and her 3-year-old sister will be unable to escape. Her parents have been unable to reassure her.

"She wants more than a night light," said her father, David P. Corbett of Brooklyn Park, Minn. "She insists on having a lamp on in her room as well as a light on in the hall. She's asked us to stay up and watch her until she falls asleep, and insists that we leave our bedroom door open."

While Katie's techniques for handling her fears are dramatic, the fears themselves are normal. Parents who understand why certain fears appear at various ages can help their children overcome them.

There are times when a child's fear is prompted by a parent's attempt to prevent it, said Robert B. Brooks, an assistant professor of psychology at Harvard Medical School. "Sometimes a parent will say, 'Don't be afraid of the dark,' when the child hasn't worried about the dark," he said.

Other well-intentioned comments by parents can also be confusing or frightening. "If you make a big deal out of every time you separate, by telling your child to be careful or even reassuring him that he'll be safe, you may be perpetuating fears that your child would otherwise master," said psychologist Lee Salk, the author of several books on child development.

The types of fears and the approaches to overcoming them change as children grow older. Toddlers' fears tend to be concrete: separation from their parents, things they can see or hear like dogs or thunder.

Preschoolers and children in early elementary school are beginning to master abstract thinking. Their fears are of concepts, like ghosts, burglars or being kidnapped.

The things they are afraid of are often symbolic and are best mastered through symbolic responses.

"The monster isn't really under the child's bed; it's in his head," Salk said. These fears are commonly prompted by the child's growing awareness of his own hostility and feelings of destructiveness.

Even well-adjusted, sociable and sensitive children may harbor these feelings, which they find

surprising and upsetting. Yet the children with the most bravado during the daytime can be the most upset at night.

Simply shining a flashlight under the bed to show that there are no monsters seldom works. Preschoolers will argue that the monsters are hiding somewhere else. It is more effective to reassure the children that they are safe and that you will protect them from harm.

"The bogeyman in the closet is often a stand-in for other fears that the child has difficulty thinking about, such as rejection by parents, or death," said Charles A. Smith, a professor of human development and family studies at Kansas State University. "If, instead of focusing on the bogeyman, you reassure your child that you love him and won't abandon him, then the bogeyman will probably take a vacation."

Calming a Child's Fears

Psychologists recommend several ways parents can help their children master their fears:

Address your children's unasked questions. This is especially important when children are surrounded by war's images of violence.

Children have three fundamental concerns: Am I safe? Are you, the people who care for me, safe? How will this affect my daily life? It is especially important to let children who have relatives or friends in the Persian Gulf know that no matter what happens they will not be abandoned.

Provide context for the violent or frightening news you child sees. Watch reports on the war with your children. Concerns about terrorism and news reports about sales of gas masks can be especially frightening. Emphasize that they are still safe at home, school and the other places they go. Children respond better to absolute statements than to explanations of probabilities and risks.

Help your child understand how far away the shooting is. Find understandable ways of talking about distance. If it took you one day to drive to a grandparent's home 500 miles away, talk about how many days it would take to drive to where the war is.

Remember that children's fears can be prompted by arguments. This is especially true when family disputes are loud or violent. The fear of abandonment brought on by such disputes may be so strong that the child cannot address it directly and will appear to be afraid of something else. The best reassurance, however, focuses on the fear of being left alone.

"Children will become fearful when they see their parents losing control," said Lee Salk of New York Hospital-Cornell Medical Center who is the author of several child development books. "They reason, if their parents can't handle things themselves, how can they protect me?"

Don't use stories of bogeymen and the like to frighten a child into behaving. "Frightening a child like that increases his anxiety a great deal," said child psychologist Robert B. Brooks. "It tells the child that there are supernatural consequences to his behavior."

Use books and stories to help children overcome their fears. Many children's books focus on events that frighten children, like going to school for the first time or moving. Read the story to a child, including older ones, and discuss what the people in the story were feeling.

"By hearing a story about a character who is afraid and who conquers that fear, a child can develop the courage to face his own fears," said Charles A. Smith, a professor of human development and family studies at Kansas State University and the author of "From Wonder to Wisdom: Using Stories to Help Children Grow" (Plume, 1990, $8.95).

Lawrence Kutner is a columnist for the New York Times.

This article is reprinted here with permission from the New York Times.

How Children Grieve: Implications for Counseling

Helene McGlauflin

American children encounter loss quite frequently in modern society. It is estimated that one-third of American children will spend the first 18 years with only one parent, 1 in 20 will lose a parent by death before 18, 1 in 5 families will move each year (Hayes, 1984), and that by 1990, 1 in 3 children under 18 will have divorced parents (Cantrell, 1986). Also there are the natural losses families experience that few children can escape as a part of growing up, such as change of friends, loss of a pet, or birth of a new sibling. It is now acknowledged that "grief is a normal reaction to loss, whether a person, place, thing or idea" (Fox Valley Hospice, 1987, p. 1), and for children, "no matter how trivial the loss, the same process must be gone through each time" (Jewett, 1982, p. xiii).

In the past it was assumed children were unable to grieve because adults assumed they had no concept of death, could not comprehend the loss, and would be unable to handle the pain of loss (Schell & Loder-McGough, 1979). However, information collected examining children's developmental understanding of death (Nagy, 1959) has enabled us to better understand how a child's concept of death develops over time and that children do grieve in their own way, based on their developmental understanding (Bowlby, 1980; Center for Grieving Children, 1987; Fleming, 1985).

Much of the literature which addresses grief in children stresses the vital role the adults in the child's life play in facilitating griefwork in the child (Bowlby, 1980; Fleming, 1985; Kliman, 1979; Osterweiss, Soloman & Green, 1984). Parents are understandably the most important adults for children at the time of a loss (Bowlby, 1980; Grollman, 1967; Johnson, 1989; Lonetto, 1980), while mental health professionals can be necessary adults for a family in crisis (Greenberg, 1975; Jewett, 1982). It is therefore crucial that counselors and parents familiarize themselves with how children conceptualize death and loss, how children grieve, and what concerned adults can do to facilitate healthy mourning in children. This paper's intent is to review the literature on how children grieve and the implications this information has for counseling, to assist concerned adults dealing with children who have experienced loss.

Reviewing the Literature

In reviewing the literature available concerning how children grieve, it is evident that the articles cover three distinct areas important for consideration. First, information that addresses children's developmental understanding of death and how this influences the way they grieve; second, the specific knowledge about how children grieve, including how it differs from adult grief, phases, and common themes and symptoms unique to grieving children;

third, the many variables mentioned in the literature that affect how children grieve, such as how the adults in the child's life handle grief, and the circumstances of death. These three areas together form a comprehensive framework for understanding the nature of children's grief.

Children's Concept of Death

There appears to be general agreement in the literature reviewed for this paper that it is important to understand children's concept of death in order to comprehend the nature of their grief (Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Osterweiss, Soloman, & Green, 1984; Salladay & Royal, 1981; Watson, 1989). In the past it was often assumed that children must have a mature concept of death in order to grieve, an idea heavily influenced by Freudian theory. In the psychoanalytic framework, mourning requires the ability to separate self from the love object, have a mental representation of the deceased person (Osterweiss,Soloman, & Green, 1984), tolerate painful emotion through ego strength, accept loss as permanent and develop new ties after a loss (Fleming,1985). Because the Freudians assumed that grief required such sophisticated death concepts, in the past children were often overlooked as a population who grieved (Schell & Loder-McGough, 1979).

In more recent years the developmental theorists have posited that children perceive death in ways different than that of adults. These differences are due to children's limited cognitive structures, their unique perceptions (Salladay & Royal, 1981) and their difficulty in comprehending finality and causality (Arthur & Kemme, 1964). This acknowledgement by the developmentalists has profound implications for children's grief theory. By focusing on the differences between child and adult death concepts, the developmentalists have challenged the psychoanalytic premise and given validity to the ability of children to perceive death in a non-adult-like way and hence, grieve in their own way.

Developmental Theory

Much of the current literature relies on the developmental theories of Piaget and Erikson, and the pioneering work of Nagy (1959) to explain a child's concept of death (Bahmueller, 1988; Fleming, 1985; Hayes, 1984; Jewett, 1982; Salladay & Royal, 1981; Schell & Loder-McGough, 1979; Wass & Corr, 1982; Worden, 1982). There is general agreement that the concept of death in children develops over time in distinct, identifiable stages, each with characteristic perceptions.

Stage One: Birth to Age Five. Generally, birth to age five was recognized as a first conceptual stage in the understanding of death. The often-cited researcher Nagy (1959), who studied 378 children in Budapest to determine their concept of death, labeled this stage "There is no definite death" (p. 81). At this age, there is no cognitive acknowledgement or realistic picture of the permanence, the irreversibility of death. Death is often seen as an altered state of life, and is thought about in a magical way or as a magical place. As one college student relates about the death of her brother, "at the time it seemed magical, not sad. I was 4 and I believed what they told me about him being in heaven and that I would see him again" (Bredenberg, 1990, p. 1). Supernatural ideas of heaven and spirits are popular at this age for they help support the idea that the person is "living" somewhere else and may return; young children even worry about how the corpse survives in the coffin. It is an age when children easily blame themselves and circumstances for what has happened. Seemingly unrelated events or behaviors the child engaged in before the loss are often given great significance, for they are seen as tangible explanations for the causality of the loss (Arthur & Kemme, 1964; Wass & Corr, 1982).

Stage Two Ages Five to Ten. The next stage identified in current literature includes children ages five to ten. In developmental terms, it is an important time when children acquire concrete thinking skills, and desire a sense of autonomy (Salladay & Royal, 1981). The effect this has on the child's concept of death is profound: some magical thinking continues, but their new cognitive abilities are helping them grapple with the difficult concepts of finality and causality. Children at this age want to continue believing death is reversible, but are beginning to understand death's permanence (Watson, 1990). Schell & Loder-McGough (1979) argue that children at this time are extremely vulnerable because, while they are only beginning to understand the concept of

death, they can now comprehend the pain of the loss.

Children at this stage also begin to wonder more about how death occurs and what happens to the body after death. This information is vital to their cognitive processing of the event. As one girl, age ten, said, "I'd like to know just what happened and how it happened. It would help me believe it really did happen" (Krementz, 1982, p. 57). Nagy (1959) labelled this time "the personification of death" (p. 89), for she discovered that many children viewed death as a personage, waiting to take people away. Many fears at this time are focused on the decomposition process and possible disfigurement of the body (Schell & Loder-McGough, 1979; Wass & Corr, 1982), and some children need to ask many questions to alleviate these fears. A common theme found in the personal accounts of children who have experienced loss at this stage but overlooked in the theoretical literature, is a child's extreme sensitivity to the feelings and thoughts of the adults around them (Juneau, 1988; Krementz, 1982; Webb, 1979). Many children mentioned not asking questions for fear of upsetting an adult, while others ruminated and felt deeply without sharing this with adults (Krementz, 1982). As one nine year old shared, "I was crying hard inside but only a few tears rolled down" (Juneau, 1988, p. 68). Another concern of this age often mentioned in personal accounts was the need to be accepted and treated normally by peers: "It would help if your friends could just play with you and treat you like a normal person" (Krementz, 1982, p. 33).

Stage Three: Age Ten Through Adolescence. The last stage in considering a child's concept of death includes children from age ten through adolescence. It is in these years that the reality of death becomes comprehensible, as children can better think abstractly about themselves and the world. Nagy (1959) named this stage "Cessation of Bodily Activities" (p. 96), because of the children's more sophisticated understanding of the biological realities of disease and death. Teenagers can now theorize about an afterlife with their new cognitive abilities, not in a magical way to explain causality but as a matter of personal belief (Salladay & Royal, 1981). It is a time when philosophic questions about life and death are now possible and frequent (Watson, 1990). In this stage the reality of death's permanence is felt, yet ironically, the children's idealism of the future makes their own death a possibility, but incomprehensible (Wass & Corr 1982). Many of the developmental gains of this period are highlighted in this quote from a paper written by a college-age girl:

> Not until years later did I sometimes lay awake at night—staring into the shadows and sobbing. Because I finally realized that even if they hadn't lied about heaven, it was still a long way off...and there was nothing magical about living without Ricky for the rest of my life. (Bredenberg, 1990, p. 1)

Developmental theory and research on how children perceive death has helped give validity to children's unique understanding of death. These distinct stages show the growing awareness children develop as they age, beginning with a very limited understanding of the finality and causality of death and progressing to the more sophisticated ability to comprehend the reality of death, the complexity of emotions and a host of philosophical questions. Understanding this development in children is essential for grasping the unique nature of their grief, which is also developmental in nature.

How Children Grieve

The articles that specifically address the nature of children's grief generally discuss four important aspects. First, how children's grief differs from adult's, based on their unique concepts of death; second, the phases of their grief; third, emotional themes commonly occurring for bereaved children; and fourth, normal physical, cognitive and behavioral reactions to a loss.

How Children's Grief Differs From Adult's

Although very different from adult concepts, it is clear that children do conceptualize death at an early age, and develop a more realistic picture as they reach adolescence. As a result, it is recognized that, "children do mourn and what is needed is to find a model of mourning that fits children rather than

imposing an adult model" (Bowlby, 1980, p. 101). John Bowlby (1980) has done extensive research on how even very young children react to loss, and has pioneered the development of such a model. He has observed that the profound differences in adult and child grief are related to children's limited understanding of the world and their incredible vulnerability, and cites these distinctions: adults have learned they can survive without the constant presence of another, while children have not; adults can seek out a support network for themselves, while children are left with what is given them; adults have room to grieve in their own way, while children are influenced by the way the adults around them grieve and the expectations about grieving placed on them.

Some unique characteristics of the grief of children that distinguish it from that of adults are: children are repetitive in their grief, needing to ask questions and talk about similar issues again and again; they act their feelings out physically; and they always grieve as part of a family, not in isolation (Center for Grieving Children, 1987). Another interesting quality is the cyclical nature of their grief, for they process their losses at each developmental level with the improved skills and acquired knowledge each new level brings (Center for Grieving Children, 1987; Fox Valley Hospice, 1987). This can be seen by comparing the examples from Bredenberg's (1990) work: while the girl feels only the magic of Ricky's death at four, she feels the reality of the loss with the skills of a young adult when in college.

Phases of Children's Grief

A number of sources have attempted to develop a framework for the phases of children's mourning (Bowlby, 1980; Fox Valley Hospice, 1987; Jewett, 1982; Salladay & Royal, 1981), which occur to differing degrees at all developmental levels. Presented here are three phases identified by Jewett (1982):

Early Grief. The initial phase, immediately following a loss which Jewett calls "early grief" (1982, p. 25), is characterized by shock, disbelief, a sense of panic and alarm as the child's vulnerability becomes apparent, and denial, with repeated references to the return of the lost person, object, etc. Bowlby (1980) also noted in very young children strong protest even in temporary separation from the mother with much crying and shouting. This phase can be viewed as the time children attempt to cope with an overwhelming change in their reality.

Acute Grief. After this initial shock has passed, the next phase, "acute grief" (Jewett, 1982, p. 32), comes, characterized by an array of strong emotions from anger to despair, and feelings and behaviors suggesting intense searching and yearning. The child may be preoccupied, restless, want to bargain for the return of the lost person or object, and be very disorganized. It is often this phase which lasts the longest and is the most difficult one for the children and the adults close to them.

Integration of Loss and Grief. The final phase, which Jewett labels "integration of loss and grief" (1982, p. 40), is a time when the children reorganize and integrate the loss into their lives, and seek meaning in the loss (Fox Valley Hospice, 1981). Acceptance and a sense of relief and strength for having survived are also common (Fox Valley Hospice, 1987; Salladay & Royal, 1981), while Bowlby (1980) noted a detachment and withdrawal by children in this phase.

So generally, the literature suggests an initial period of shock and alarm, followed by a time of confusion and strong emotion, with a resolution of sorts as the loss is integrated and accepted. One commonly misunderstood aspect of the grief process is its longevity. Jewett (1982) contends it takes 6 to 12 weeks for the worst pain to diminish, and two years or more for the entire process to unfold. Worden (1982) supports this by saying griefwork takes at least one year, with two years not considered extreme. The personal accounts of children (Juneau, 1988; Krementz, 1982; Webb, 1979) generally follow this theoretical framework, but with distinct acknowledgement that each child grieves in a unique way within the phases and time frame. For example, a number of children articulated a sense of disbelief about death even years after the loss, when theoretically the initial phase is long past, and the entire process is presumably complete. As this 12-year-old says, two years after a death, "It is still hard for me to believe it really happened" (Krementz, p. 3).

Common Themes for Grieving Children

Much of the literature discusses the large array of feelings experienced by children who are grieving and what emerges are some general emotional themes seen in many of these children.

Abandonment. The most commonly cited theme for grieving children is the feeling of abandonment, especially with the death of a parent. (Arthur & Kemme, 1964; Bowlby, 1980; Center for Grieving Children, 1987; Fleming, 1985; Fox Valley Hospice, 1987; Jewett, 1982; Salladay & Royal, 1981; Watson, 1990). Children experience a wide array of strong feelings related to this theme: great anger and bitterness, assuming the leaving was purposeful; worthlessness and shame, assuming the parent did not care; fear of separation from surviving adults and lack of trust; sadness; loneliness, yearning and pining. As one 16-year-old girl says after the death of her mother, "It's a terrible feeling that a parent has died and left you alone" (Krementz, 1982, p. 47).

Blame. Blame is another common theme for children grieving (Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Hayes, 1984; Jewett, 1982; Johnson, 1989; Krementz, 1982; Watson, 1989). As noted in the above discussion of children's developmental understanding of death, causality is problematic for children, especially before age 9 or 10. Reasons are needed for tangible, concrete explanations and blame is a natural outgrowth: magical causes are imagined and children give power to words, thoughts and events occurring close to the loss. Feelings that occur related to a sense of blame include: guilt, remorse and self-blame for things said, action taken or not taken; anger at self, deceased or others; frustration; hatred; great sadness (Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Watson, 1989).

Vulnerability. Vulnerability is also a common theme, for often a loss that changes some significant aspect of the child's world upsets his or her sense of control and security in the world he or she knew (Jewett, 1982; Watson, 1989). Fears of others dying, going new places, and catastrophes happening are quite common and children seek constant reassurance. Other related feelings are: intense love for the survivors; panic and helplessness; anxiety; despair; confusion and disorganization.

Reactions to Grief in Children

Just as there is a broad array of feelings that can occur during a child's griefwork, there is also a host of physical, cognitive and behavioral symptoms that arise, unique to the individual and all quite normal (Center for Grieving Children, 1987; Soloman & Green, 1984; Worden, 1982). Eating, sleeping and bowel disturbances are quite common, as are pains, breathing difficulties, tightness in chest or throat, fatigue, and oversensitivity to noise. Cognitive disruptions include disturbing dreams, various phobias, idealization of deceased or lost object, and hallucinations of seeing the deceased. Behavioral signs of grief can be withdrawal, restlessness, uncontrollable crying, or a need to take care of others.

As the picture of how children grieve unfolds, it can be seen that children's developmental understanding of death fosters a particular way of grieving. It is quite different from adult grief, has identifiable phases, and is manifested by a number of emotional themes and an array of physical, cognitive and behavioral reactions. As noted earlier, children never grieve in isolation and hence, these perceptions and distinct ways of grieving are also subject to many variables that are important in understanding the complete picture of grief in children.

Variables Affecting Children's Grief

Children are a particularly vulnerable group at the time of a significant loss, because of their dependence on others for sensitivity to the thoughts and feelings of the adults around them (Bowlby, 1980; Krementz, 1982). Consequently, there are a number of variables discussed in the articles that have a great impact on the griefwork of children. Five significant variables are discussed briefly here: how the adults around the child handle the loss; the developmental stage the child is in at the time of the loss; the type of relationship the child had to the deceased; the quality of support systems available to

the child; and the circumstances surrounding the death.

How Adults Handle the Loss

"Nothing can be more crucial to the mourning work of a child than the mourning work of the adults around him and their attitude toward his work" (Kliman, 1979, p. 78). Many sources emphasize the important role played by the adults around the children, especially the parents (Bowlby, 1980; Center for Grieving Children, 1987; Fox Valley Hospice, 1987; Grollman, 1967; Kliman, 1979; Osterweiss, Soloman, & Green, 1984; Salladay & Royal, 1981). Given the reality that the adult survivors of the loss are experiencing their own griefwork, it is not surprising children are so greatly affected.

Bowlby's Factors. Bowlby (1980) cites three factors concerned with how adults handle loss and the effects on children's griefwork. The first is when and what the child is told about the loss. Bowlby (1980) advocates open, honest and clear communication about all details, in terms the child can understand. Well-meaning adults sometimes keep information from the child, believing this will save them from pain, but this "protective strategy" (Fleming, 1985, p. 209) often leads to confusion and fear. Open discussion without vagueness or euphemisms is considered healthier for the child. (Grollman, 1967; Jewett, 1982).

The second factor cited by Bowlby (1980) is how the survivors respond to the loss, for at this crucial time, children rely on adults as their role models in facing the challenge of grief. Adults are often afraid of their feelings and hence advertently or inadvertently discourage children from expressing their own feelings. This factor was supported by many of the children Krementz (1987) interviewed, who mentioned a reluctance to express their feelings, for fear of upsetting the surviving parent. Children need to see the open expression of grief in its many forms, to validate their grief and encourage the process (Grollman, 1967; Watson, 1990).

The last factor Bowlby (1980) cites is how the adults expect the child to respond to the loss. Traditionally it was believed children were not strong enough to cope with loss, and many expectations developed surrounding the expression and suppression of feelings. Salladay and Royal (1981) coined the term "emotional blackmail" (p. 208) to describe the following phenomenon: adults expect the children to behave in a certain way and judge their behavior as inappropriate when they do not measure up to the standards. Understandably, this can be confusing and devastating for the child. Difficult as it may seem, it is vital the parent, "befriend the child's grief" (Fleming, 1985, p. 215), by accepting the child's own unique way of grieving as a valid one.

Age of the Child

The age, developmental stage and emotional stability of children at the time of the loss, including past history of loss and their coping mechanisms, have a great effect on children's grieving. Children under five are at greater risk than older children because of their limited understanding and great need for care (Bowlby, 1980; Fleming, 1979; Fox Valley Hospice, 1987; Osterweiss, Soloman & Green, 1984). Also, there is some evidence that children who lose their same-sex parent are at greater risk (Osterweiss, Soloman, & Green, 1984).

Relationship to the Deceased

The quality and nature of the relationship the children have to the deceased is another important variable. Research suggests that the closer the relationship to the deceased, the more difficult the loss; griefwork is smoother when the relationship was strong and secure rather than wrought with tension (Bowlby, 1980; Osterweiss, Soloman, & Green, 1984).

Support Systems

The quality of the support systems available to children at the time of the loss can have a great impact as well. Children fare better when the adults around them grieve appropriately; when survivors do not depend solely on the child for support; when the environment is stable; when there is consistent and loving caretaking; when other relationships can continue; and when they are included in the family

grief rituals (Fox Valley Hospice, 1987; Jewett, 1982; Osterweiss, Soloman, & Green, 1984).

Circumstances of Death

The circumstances of the death or loss is the last variable often mentioned in the literature. Sudden death, for example, is more difficult and suicide is the most difficult for the survivors (Osterweiss, Soloman, & Green, 1984; Worden, 1982). Interviews with grieving children, however, suggest that open communication can improve even these difficult situations (Krementz, 1982).

Summary

The broad array of articles reviewed in this section point out the complexity and uniqueness of the way children grieve, and the three components of knowledge that are needed to understand the complete picture. Initially, and perhaps most essentially, a developmental understanding of how the concept of death unfolds for children as they age is necessary to understand their grief. Next, the specifics of how children grieve, such as the phases of grief and how it manifests itself emotionally, physically and behaviorally, is also important. Lastly, some of the variables that affect griefwork for children are vital components for those wishing a broad understanding. These three areas covered in this section have hopefully given the reader a sense of what concerned adults should know in order to help children grapple with their grief, and have provided the foundation needed for mental health professionals interested in supporting these children through counseling.

Implications for Counseling

This information on children's concepts of death, how they grieve and variables affecting the grief's outcome have profound implications for counseling, and a number of the articles reviewed for this paper specifically address the importance of counseling for some families (Greenberg, 1975; Hayes, 1984). Although many children and their families successfully grieve without outside support, others have a more difficult time because of the presence of unfavorable variables or recent losses that trigger unresolved feelings about a past loss (Jewett, 1982). In these instances, counselors can employ a variety of counseling strategies to help facilitate "healthy griefwork," defined as the successful completion of the phases of grieving (Greenberg, 1975; Jewett, 1982).

Counseling Strategies

Specific counseling strategies will be addressed in four areas: the qualities of a counselor who decides to help children with griefwork, the different elements important to grief counseling, techniques and activities that have proved helpful in this work, and parent consultation.

Qualities of the Counselor

A number of sources stress the importance of the counselor's manner, self awareness and knowledge of bereavement in counseling grieving children (Greenberg, 1975; Grollman, 1967; Hayes, 1984; Warmbrod, 1986; Watson, 1990; Worden, 1982). Griefwork with children is such a sensitive area it is essential that those working with these children be in touch with their own feelings, especially grief around past losses, feared losses and personal mortality. For a counselor, communicating clearly and effectively is also important, with an openness to all the child's feelings, frequent eye contact and physical closeness. Often the counselor's manner is more important than any words used. Finally, personal accounts of grieving children (Juneau, 1988; Krementz, 1982; Webb, 1979) suggest the importance of discovering how each individual child grieves, and what would be most helpful for that individual.

Elements of Grief Counseling

Both individual and group counseling have been suggested as ways of supporting grieving children (Bahmueller, 1988; Center for Grieving Children, 1987; Greenberg, 1975; Jewett, 1982; Warmbrod,

1986). Some authors identify stages in the counseling process, some pinpoint topics for discussion and others suggest techniques to be used. All, however, recognize the importance of the following elements in grief counseling:

1. A time for announcing or telling the story of the loss, including the details of when and how it occurred, feelings about how the child found out and what part the child played in the family rituals.
2. A time for remembering the lost person, place or thing, including positive and negative qualities, times that were important or, things the child and the deceased did together, and acknowledging the times when the person, place or thing is most missed.
3. A time for expressing feelings of all kinds, in all their strength.
4. A time for renewal and looking toward the future, which means thinking about the child's strengths and coping skills, identifying support systems for the child, anticipating the difficulty of anniversaries and holidays, and the return of hope.

Techniques and Activities

Quite an array of techniques and activities were suggested to encourage griefwork in children. Some authors suggested various writing activities such as journal keeping, writing poems, making books of feelings (Watson, 1990) or drawing a time line with important dates and events (Jewett, 1982). Other authors rely on different drama activities, such as blowing away feelings with bubbles, releasing angry feelings physically, the use of puppets (Watson, 1989), or guided imagery (Bahmueller, 1988). Art activities such as collage making, clay, painting, and drawing were also mentioned (Jewett, 1982; Watson, 1990).

Consultation with Parents

A number of sources provide suggestions for parents in encouraging their own and their child's grief, and acknowledging the importance of the adult's attitude in healthy grieving for the child. This is significant information for the counselor, as it implies including the parents in the grief counseling, if only in a consultative role. The suggestions are largely echoes of the above-mentioned strategies for effective griefwork and counseling, and are directly related to the variables that affect children's mourning.

Open communication between parent and child is essential for healthy grieving. This begins with honest and straightforward information giving, without euphemisms, about the circumstances of the death or loss. (Grollman, 1967; Watson, 1990). Often the information cannot be given all at once, and the child may not respond immediately or obviously (Lonetto, 1980). Parents are advised to be available for the questions and wonderings of the child and to exhibit patience when these are repeated frequently (Fleming, 1985; Grollman, 1967; Lonetto, 1980). Communication also includes the many nonverbal reassurances the child needs at this time: physical closeness, warmth and love, and consistency in caretaking and discipline (Fleming, 1985; Grollman, 1967).

Creating an environment that encourages the free expression of feelings is also stressed in the literature. This means not only allowing the children to express feelings, but the parents freely expressing their emotions as well (Grollman, 1967; Watson, 1990). Parents are encouraged to: allow both positive and negative memories of the deceased; be honest when certain topics are too hard to discuss at a particular time; and reassure the children that they can ask about anything, no matter how upsetting.

Finally, children's attendance at funerals was an often-addressed topic in the literature, with most supporting the notion that children should be encouraged to attend (Greenberg, 1975; Grollman, 1967; Salladay & Royal, 1981; Wass & Corr, 1982; Watson, 1989). These authors contend funeral attendance is a way for the child to be part of the family grief; it solidifies the child's place in the family, helps the child accept the finality of death, and provides a place to publicly grieve. Osterweiss, Soloman, and Green (1984) suggest children be encouraged but not forced to attend. This should be accompanied by a careful explanation beforehand of all the details of the service, and the freedom to leave at any point. This idea is supported by the personal accounts of children, in which funeral

attendance was helpful for some, too upsetting for others, and missed by those who were not able to attend (Juneau, 1988; Krementz, 1982). In short, children have unique needs at this time, and their needs and wishes should be considered when the decision to attend a funeral is made.

Counselors involved with grieving children can encourage healthy griefwork by their manner, being aware of the elements of grief counseling, and by realizing the importance of parent consultation at the time of a loss. In this way, these counselors can be an invaluable resource for children at a difficult time.

Conclusions

Given the broad array of losses children may experience before age 18, such as death, divorce and change of residence, it is important for counselors and other significant adults in children's lives to be knowledgeable about how children grieve and grief counseling in order to better identify and support those experiencing it. With this information, counselors can fulfill an important responsibility by identifying grieving children and helping them learn healthy griefwork. Counselors can accomplish this by being informed about children's grief, utilizing counseling strategies for successful griefwork, and insisting on parent consultation when a loss has occurred. These interventions could mean the difference between children who carry unresolved grief indefinitely, and those who can face the challenge of their grief with support and finally, resolution.

References

Arthur, B., & Kemme, M. L. (1964). Bereavement in childhood. *Journal of Child Psychology and Psychiatry, 5*, 37–49.

Bahmueller, N. (1988). *The crisis of loss and death as it relates to children.* Unpublished comprehensive exam paper, University of Southern Maine, Gorham.

Bowlby, J. (1980). *Attachment and loss* (Vol. 3). New York: Basic Books, Inc.

Bredenberg, S. (1990). *Memory monologue.* Unpublished class assignment, University of Texas, Austin.

Cantrell, R. G. (1986). Adjustment to divorce: Three components to assist children. *Elementary School Guidance and Counseling, 20*, 162–173.

Center for Grieving Children. (1987). *Training manual.* Portland, ME: Author.

Fleming, S. J. (1985). Children's grief: Individual and family dynamics. In C. A. Corr & D. M. Corr (Eds.), *Hospice approaches to pediatric care* (pp. 197–218). New York: Springer Publishing Co.

Fox Valley Hospice. (1987). *Child grief: A teacher handbook.* Bataira, IL: Fox Valley Hospice.

Greenberg, L. I. (1975). Therapeutic griefwork with children. *Social Casework, 56*, 396–403.

Grollman, E. A. (Ed.). (1967). *Explaining death to children.* Boston: Beacon Press.

Hayes, R. C. (1984). Coping with loss: A developmental approach to helping children and youth. *Counseling and Human Development, 17*(3), 1–12.

Jewett, C. L. (1982). *Helping children cope with separation and loss.* Harvard, MA: The Harvard Common Press.

Johnson, J. (1989, Spring). Guiding children through grief. *Mothering Magazine*, pp. 29–35.

Juneau, B. F. (1988). *Sad but ok. My daddy died today.* Grass Valley, CA: Blue Dolphin Press, Inc.

Kliman, G. (1979). Facilitation of mourning during childhood. In I. Gerber, A. Weiner, A. Kutscher, D. Battin, A. Arkin, & I. Goldberg (Eds.), *Perspectives on bereavement* (pp. 76–100). New York: Arno Press.

Krementz, J. (1982). *How it feels when a parent dies.* New York: Alfred A. Knopf.

Lonetto, R. (1980). *Children's conceptions of death.* New York: Springer Publishing Co.

Nagy, M. H. (1959). The child's view of death. In H. Feifel (Ed.), *The meaning of death* (pp. 79–98). New York: McGraw-Hill Book Co.

Osterweiss, M., Soloman, F., & Green, M. (Eds.). (1984). *Bereavement: Reactions, consequences and care.* Washington: National Academy Press.

Salladay, S. A. & Royal, M. E. (1981). Children and death: Guidelines for griefwork. *Child Psychiatry and Human Development, II*, 203–212.

Schell, D., & Loder-McGough, C. E. (1979). Children also grieve. In I. Gerber, A. Weiner, A. Kutscher, D. Battin, A. Arkin & I. Goldberg (Eds.), *Perspectives on bereavement* (pp. 64–69). New York: Arno Press.

Warmbrod, M. E. (1986). Counseling bereaved children: Stages in the process. *Social Casework, 67*, 351–358.

Wass, H., & Corr, C. A. (1982). *Helping children cope with death: Guidelines and resources.* Washington: Hemisphere Publishing Corp.

Watson, J. (1989, November). Children's concept of death and related feelings. A panel discussion, *Children and loss*, conducted at Bath-Brunswick Hospice, Brunswick, ME.

Watson, J. (1990, April). How to facilitate groups for grieving children. A training session conducted at Bath-Brunswick Hospice, Brunswick, ME.

Webb, L. (1979). Death and the child in America today. In I. Gerber, A. Weiner, A. Kutscher, D. Battin, A. Arkin & I. Goldberg (Eds.), *Perspectives on bereavement* (pp. 101–119). New York: Arno Press.

Worden, W. J. C. (1982). *Grief counseling and grief therapy.* New York: Springer Publishing Co.

Helene McGlauflin is a guidance counselor at Edgecomb Elementary School in Edgecomb, Maine. She is also a hospice volunteer.

This article is also available in the ERIC system. The ERIC Document Reproduction Service Number is ED 326 789.

Helping Children Cope With War

Jenni Zimmer

War is disturbing. What happens when any crisis of this magnitude occurs is that our whole psychological equilibrium or balance is thrown out of place. The sense of security and safety in our lives is disrupted. But while we as adults have a number of coping strategies, children are not as well-equipped. We need to help them cope with the new feelings they have.

War with all of its dangers, tragedies and unknowns puts us in a position of re-examining basic assumptions. Our children's assumptions are shattered, too. They no longer assume that they and their families are safe. The primary concerns of children are: "Will harm come to me?" and "Who will take care of me?"

The most common fears of children during wartime are: separation, abandonment, physical danger or injury and death. Behaviors alerting us to such fears include: clinginess, dependency and other separation problems; nighttime problems (since going to sleep is a separation and a time when fantasies seem vividly real); withdrawal; lessened attention and concentration; acting out behaviors, such as bullying or teasing; regression to younger behaviors, such as bedwetting and thumbsucking.

In reassuring children, the first priority is to let them know they are safe and that they will be taken care of (specifically by you if that is the case). The second priority is to let them know their fears are normal and that they are not alone.

Discussing War and Watching TV

Questions often asked by parents and teachers are: "Should I talk about the war?" "What should I say?" "Should I allow my child to watch the news?"

Yes, we need to talk to our children and students about the war. And we need to be the ones to initiate the discussion (as much as they might have the need, children will rarely open the discussion on their own). If children feel it is a subject we're uncomfortable talking about, it will increase their anxieties. No matter how frightening feelings may be, it is far more frightening to think no one is willing to talk about them.

In times of crises, children tend to become more observant, attentive and sensitive to the nonverbal behaviors of the important adults in their lives. We communicate much by our silence.

We can start discussions by asking open-ended questions as opposed to yes-no questions. We might ask, "What do you think about...?" or "What is it that concerns you the most about the war?"

It is safer psychologically to start with "thinking" questions before moving on to "feeling" questions, such as "How do you feel about ...?"

Once the door of discussion is opened, it is important to let children know that we are accessible and available, and to say so explicitly. At school, children may not be able to talk about their feelings in groups. Letting them know that you would be glad to talk with them individually if they'd like would be helpful.

If children are particularly reticent or reluctant to talk, we may try the following: strategically make a casual comment to them, try a brief three-minute discussion, or use displacement activities (books, drawing or puppets). Through these more subtle, indirect means, our goal is to give them reassurance and normalize their feelings.

In these discussions, we should let the children set the direction and pace. We should listen carefully, caringly and observe. There will be a lot communicated nonverbally in their everyday behaviors, as indicated earlier, that will alert us to the fears. We can observe younger children's dramatic play to get an idea of what they are feeling.

While we want to open the discussion, we also want to take care to not raise new concerns in children's minds. This could be especially challenging in a group situation, where allaying one child's fears might cause another child to adopt those fears. The important point is not to add adult concerns to the situation. We should keep ours to ourselves. This is not to suggest that an adult should keep from sharing his or her own feelings. Indeed it is comforting for a child to hear from his teacher that she had the same feelings herself, for example during the Vietnam War.

Explanations and answers to questions should be kept to minimum. Once children realize the door is open, they will ask for more information if they are not satisfied.

Sometimes old wounds are reawakened by new crises. Children, for example, who have experienced the death of loved ones or separation from loved ones may have a deeper reaction to the war. Obviously, those children with relatives actively in the war will be the most vulnerable group.

Carefully monitoring children's television viewing of war reports as well as monitoring their viewing of violent cartoons will help minimize their fears. Seeing people wearing gas masks could be disturbing imagery for children. Seeing the POWs could be alarming. For younger children who do not draw a distinct line between reality and fantasy, watching violent cartoons may stimulate fearful thinking. When children watch the news, parents should watch with them. This would be a good time to provide information and to offer reassurance to help calm the fears children are experiencing.

Knowledge gives security but it needs to be geared to the individual's level of understanding. We need to talk very differently to a 5-year-old than to a 9-year-old. Children of different ages have different ways of conceptualizing their worlds.

Early Elementary Aged Child

The qualities of children in this age group are that they tend to be self-centered, are not able to verbalize a wide range of feelings easily and are interested in the here and now. They cannot relate easily to things distant in time and space, and have a tendency to overgeneralize. Concerns will center around their safety and their families.

Our responses should be to keep information on a highly concrete level. We should personalize it when possible for greater meaning, and give simple specific reassurances. We should clarify make-believe and reality.

Middle Elementary Aged Child

In this age group, cognitive development takes a dramatic surge from purely concrete to more abstract thinking. These children are able to identify feelings although they also are beginning to inhibit the open expression of them. They relate to things distant in time and space. Fear of ridicule and physical injury are common.

Our responses should be to provide information at a more in-depth level. We should allow regression to younger behaviors, correct misinformation, address emotions through displacement activities (use books, drawings, puppets) and give reassurances at the same level as for younger children.

Upper Elementary Aged Child

Children in this group are the most highly verbal, and are able to think more abstractly. They may be increasingly awkward talking about emotions, especially in groups. Peer group influences become strong, and bravado is important especially to boys.

They are interested in much more information and will seek it out on their own.

Our responses should be to provide opportunities for research by individuals and by groups, to clarify misinformation and to be alert to rumors and drama promoted by peers. We should give reassurance even if children seem mature and not in need of it.

Action is Antidote

Feelings of helplessness may be common. One clear antidote to this is action. Doing something helps children feel a sense of control. Simply talking about the issue and learning about it is one form of action. Going beyond this and writing letters to political leaders, drawing pictures, sending letters to servicemen, using windows to share a peace message with the world are all ways children can take action. In so doing, they tend to feel more powerful and, therefore, more hopeful.

This is an opportune time, too, to focus on issues of international conflict instead of just the war. Talking about the broader context of values, cooperation, respect for self and others, and the appreciation of cultural diversity would be meaningful.

In all cases, children need to know that the adults in their lives will be responsible for them, will protect them, and will do what they can to make their lives safe. Discussing war and fears about what might happen may not be an easy topic of conversation. But we owe it to our children's emotional well-being to open the door for discussion and to keep it open.

Jenni Zimmer is a school psychologist with the Ann Arbor, Michigan Public Schools and the mother of three sons. This article is reprinted with her permission.

US 22

The Gulf Crisis

Student Concerns, Teacher Responses

What do students feel and think about events in the Middle East? Are they worried, confused, scared? To find out, Scholastic *surveyed more than 110,000 students in grades 1 to 12, then asked experts to analyze the results. Here is what we learned — and what you can do to help your students deal with events in the Middle East.*

WAR SEEMED IMMINENT as we went to press with this supplement. President Bush had sent more than 400,000 U.S. troops to the deserts of Saudi Arabia, threatening to attack Iraq if Saddam Hussein didn't withdraw his troops from neighboring Kuwait. The United Nations had passed a resolution approving the use of military force if the Iraqis didn't leave Kuwait by January 15. Back in the U.S., public emotions (including our own) were on a roller coaster, fueled by news of possible peace talks, heated debates over U.S. policy, and fears of Hussein's unpredictability. In this volatile climate, we at Scholastic kept wondering about the impact of the Gulf crisis on America's young people. What did kids feel and think about events in the Middle East? And how could we help teachers address student concerns?

To find some answers, we surveyed students in the November issues of *Junior Scholastic, Update, Scholastic News, Scope, Voice, Science World, Choices, Math,* and *Action.* More than 110,000 students in grades 1 to 12 responded, and as you can see from the results of the survey (on page 4 of this supplement), the crisis is having a big impact on young people's lives.

For a surprising number of students, the Gulf crisis strikes extremely close to home. Forty percent of the students we surveyed said they knew someone who had gone as a soldier to the Middle East; 13% said a member of their family was stationed there.

When asked how they felt about American soldiers going to the Gulf, more than half the students said "scared." More than a third said "angry." And while about a third (mainly boys) said they felt proud about the U.S. presence in the Middle East, another third (especially in the youngest grades) said they felt "confused." Many also felt "sad."

WAR WORRIES

Well over half the students were worried about the possibility of war, and nearly a third worried that someone in their family or someone else they knew would have to fight. Younger students voiced worries that the U.S. might lose a war with Iraq, or that Iraq would attack the U.S. Older boys worried about being drafted.

The survey also asked older students for their opinions of U.S. policy—for example, whether they supported economic sanctions, military force, or direct peace talks with Saddam Hussein. Most striking was the way boys and girls consistently differed on matters of war and peace. More than 69% of the boys agreed that sending military forces to the Middle East was the correct thing to do—but only 48% of the girls felt that way. While nearly 48% of the boys said they'd volunteer to fight in the Middle East if they were old enough to serve, nearly 75% of the girls said they wouldn't. In question after question, girls shied away from and criticized the use of military force. Indeed, almost twice as many girls (34%) as boys (19%) believed that there's no good reason for going to war.

REPORTING THE RESULTS

Taken as a whole, the Scholastic survey is a map of the fears, concerns, and hopes of America's young people—and we'll be keeping the results in mind as we create future materials dealing with the Middle East crisis. The results will appear in the February 1 student editions of *Scholastic News Trails, Explorer, Citizen,* and *Newstime;* the February student edition of *Choices;* and the February 8 student editions of *Junior Scholastic, Science World, Scope, Voice,* and *Update.* In addition, we will be reporting the results of the survey to the national news media and our country's leaders.

Clearly, the Gulf crisis poses a number of challenges and opportunities for teachers. The inside two pages of this guide are designed to help you shape your responses to student concerns. You'll find the material divided into three sections: that which is applicable to all teachers, that which is designed for teachers of elementary students, and that which is designed for teachers of secondary students. (Teachers of grades 4 to 8 may find all sections helpful.)

If you find this material useful, please feel free to reproduce extra copies for your colleagues.

WHAT THE EXPERTS SAY

OVER the past few months, more than 400,000 U.S. troops have been stationed in Saudi Arabia, poised on the brink of war with Iraq. Nothing like this has happened before in your students' lifetime.

How should you, as a teacher, address student concerns about the prospect of war? What do you say to students who talk about "nuking" Iraq, or who voice fears about a parent being deployed, or that the U.S. might lose, or that they themselves might be drafted? How about your own feelings? Should you share your opinions and politics, even if they run counter to government policy?

Many school districts have guidelines for dealing with controversial or traumatic issues, and these may be useful in addressing student concerns about the Middle East. The following advice, gleaned from a number of educators and specialists, should also help.

Talk to your students about events in the Middle East. This is the single most helpful step you can take. Find out what your students know about the subject and elicit their feelings and questions. "Then give them the facts as you understand them," says Bill McCloud, a 9th-grade social studies teacher in Pryor, Oklahoma, and author of *What Should We Tell Our Children About Vietnam?* "Trust your instincts and trust your students."

Dr. Lenore Terr, child and adolescent psychiatrist and author of *Too Scared to Cry*, suggests that teachers devote enough time to the Gulf crisis to make sure that students' questions are answered. That, she adds, could take one period or a series of 15-minute discussion sessions.

Don't sugarcoat the topic to avoid worrying students. "Kids already know a war is possible," says Dr. Edmund Levin, a physician in San Francisco who specializes in child and adolescent psychology. "The truth is inevitably less frightening than the fears they are dealing with." Avoid making false promises: for example, that no one the student knows is going to die, or that the U.S. isn't going to war. "A bland reassurance is going to backfire," Levin says. "Rather than being comforted, the student will feel that you, and other adults, can't be trusted. That will increase his or her apprehensions."

Be sensitive to your students' different needs. "Some kids are more vulnerable than others," says Morton Deutsch, president of the Peace Psychology Committee of the American Psychological Association. "Your approach should depend on the context, the ages, and the experiences of your students."

A few students—especially those whose parent or parents have been deployed—may be under noticeable stress, says Fredric Medway, a psychologist at the University of South Carolina who studies how military and job separations affect families. Trouble signs may include a sudden drop in grades, discipline problems, increased anxiety, or depression. Medway suggests referring students who exhibit these problems to the school psychologist or an outside counselor.

Do not impose your political views. "Students need information to help them think about and form their own views," Levin says. "Imposing your politics encourages intolerance." If a teacher's spouse or child is deployed or if the teacher otherwise feels he or she cannot be objective, Medway suggests that a colleague may make a better discussion leader.

Use the Gulf crisis to examine stereotypes and cultural differences. Many students see people from the Middle East as one-dimensional—oil sheiks, terrorists, or camel-riding nomads. "Help students gain an understanding of and appreciation for the cultural differences that exist among the region's people," says Deutsch. By helping them see that different isn't necessarily better or worse, a teacher can diminish stereotypes and encourage tolerance.

Nearly 9 percent of the students surveyed by Scholastic said they know someone who lives in the Middle East. You can encourage these students to share their knowledge and experience as a starting place for a discussion on cultural differences.

Maintain an optimistic outlook. As Medway says, "The mood of the students is directly tied to the mood of the teacher." Comments such as, "We are hoping that if there is a conflict it won't be long, and that few people will get hurt," can be very helpful.

FOR TEACHERS OF ELEMENTARY STUDENTS

Elementary school teachers have a special obligation to deal with the Middle East crisis. Your students are struggling with issues of emotional security, and the threat of war, particularly when it's vague, can stir up feelings of intense anxiety. That's especially true because young children tend to magnify and generalize what they perceive as a danger.

Be specific about the nature and scope of the conflict. "By citing the specific reasons for the conflict, you can help your students see that adults are trying in a constructive way to deal with these problems, and that war is not inevitable," says Deutsch.

Children in grades 4 to 6, according to the Scholastic survey, were particularly afraid of chemical warfare, an Iraqi attack on the U.S., and nuclear war. "It all gets jumbled into feelings of hopelessness for the child," says Levin. "That's why it's important to let them know that we're not talking about a threat to the whole world."

Include a discussion of who the enemy is. Ask your students how an Iraqi child their age might be feeling about the conflict. "By talking about the Iraqi people," says Deutsch, "the enemy will become less threatening and more human."

Give your students prompt, accurate information. Children in grades 1 to 3 report being confused by the events in the Middle East, according to the Scholastic survey. They ask such things as "Why did Hussein invade Kuwait in the first place?" and "Why is the U.S. in the Middle East?" In answering their questions, don't overwhelm them with too much information. "Give

them only as much as they are asking for," says Medway. "Also, emphasize facts and references they can relate to."

FOR TEACHERS OF SECONDARY STUDENTS

With older children, teachers can move from short-term strategies designed to reassure to cognitive approaches designed to inform. Basically, that means helping students—through discussions, projects, debates, and instruction—gain the knowledge to form their own opinions.

Older students' ability to sort out information for themselves is reflected in the questions they posed in the Scholastic survey. For instance, students in grades 7 and up asked such questions as, "Why have oil prices gone so high if Kuwait provides only 20 percent of U.S. oil?" and "Why didn't the U.S. and other countries do something to get rid of Hussein before now?"

Encourage students to research and write about the Gulf crisis. The conflict in the Middle East offers great opportunities for research and writing projects. "Have students read or watch news items, and keep a timeline or bulletin board marking developments there," suggests Ron Peters, a Vietnam veteran and 9th-grade teacher in Pryor, Oklahoma. Students can write reports based on their research of such topics as chemical warfare, U.S. energy policy, and the U.S. role in foreign conflicts.

Talk about the reality of war. "Many students have a glorified view of war," says McCloud. "We can help them understand that war doesn't come with a music score—that it's not glamorous."

McCloud suggests having students correspond with men and women serving in the Gulf. By asking such questions as "What do you do every day?" and "What's your job?" students can get a more realistic sense of the lives and emotions of troops stationed in a war zone. (Write to: Any Service Member, Desert Shield, APO New York 09848-0006.)

You can also spur discussion of the nature and consequences of war by screening movies like *Glory* and *Born on the Fourth of July*.

Fight the Rambo mentality. Many students—especially boys—have an attitude toward Iraq that can be characterized as "Let's nuke 'em." In grades 4 and up, some of the most frequently asked questions in the Scholastic survey were "Why not just kill Hussein?" and "Why not get it over with and attack?"

"You have to fight the Rambo mentality," McCloud stresses. "Talk about the matter-of-fact issues of war and that it's your neighbor who's going to be there, not Rambo." Laurence Thomas, a philosophy professor and author of *Living Morally: A Psychology of Moral Character*, suggests examining the meaning of courage: Does courage always mean "blowing them away," as Rambo would, or can courage mean standing still for what you believe in, as Rosa Parks did when she helped spur the civil rights movement by refusing to give up her seat to a white man.

Provide historical context. Some students may be using the Rambo mentality to cover up their own anxiety. The Scholastic survey found that the main emotion students feel about the Middle East, in all grades, is fear. That's understandable, McCloud points out: "Students today have never experienced a war. Teachers can help them realize that we've had wars in the past and we've survived."

Discuss the draft. One of the main fears of older students centers on the possibility that a draft may be called, according to the results of the Scholastic survey. "Even my junior high students are talking about 'What if they bring back the draft?'" says Ron Peters.

Laurence Thomas suggests using the draft to look at larger issues. For example: What is our obligation to serve our country? What does making a sacrifice for our country mean? When, if ever, is it justified to invade another country?

"The teacher doesn't have to answer these questions or take sides. Let the students grapple with these questions without being told what's right or wrong," says Thomas.

WHERE TO LEARN MORE

BACKGROUND READING:

- *Children and War: Political Socialization to International Conflict* by Howard Tolley, Teachers College Press, 1973. (How children form their ideas about war.)
- *Living Morally: A Psychology of Moral Character* by Laurence Thomas, Temple University Press, 1990.
- *The Moral Life of Children* by Robert Coles, Atlantic Monthly Press, 1986.
- *The Political Life of Children* by Robert Coles, Atlantic Monthly Press, 1986.
- *Too Scared to Cry* by Dr. Lenore Terr, Harper & Row, 1990. (Childhood trauma, its effects and treatment.)
- *What Should We Tell Our Children About Vietnam?* by Bill McCloud, University of Oklahoma Press, 1989.

CURRICULUM MATERIAL:

- *Anti-Bias Curriculum: Tools for Empowering Young Children* by Louis Derman and the ABC Task Force, National Association for the Education of Young Children, 1989. For more information, call or write the association at 1834 Connecticut Ave. NW, Washington, DC 20009; 202-232-8777.
- *Elementary Perspectives #1: Teaching Concepts of Peace and Conflict* by William J. Kreidler, 1990. Available for $15 from Educators for Social Responsibility, 23 Garden St., Cambridge, MA 02138; 617-492-1764. (For grades K-6. Secondary Perspectives #1, a curriculum for high school students, is also available.)
- *The Lessons of the Vietnam War: A Modular Textbook* by Jerold Starr, Center for Social Studies Education, 1988. Available for $35 from Educators for Social Responsibility. (See address and phone number above.)
- *Open Minds to Equality: A Source Book of Learning Activities to Promote Race, Sex, Class, and Age Equality* by Nancy Schniedewind, Prentice-Hall, 1983. (Activities for students in middle and high school.)
- *Teachers Resource Guide: 17 Lessons on Current U.S. Foreign Policy Issues for Secondary Social Studies Courses* by Mary E. Soley, Jacqueline S. Johnson, Barbara Miller, Foreign Policy Association, 1987. Available for $9.95 from Foreign Policy Association, 729 Seventh Ave., New York, NY 10019; 212-764-4050. (Teacher tested.)
- *Teaching About Peace and Nuclear War: A Balanced Approach* by John and Jaye Zola, 1986. Available from CTIR Press, University of Denver, CO 80208; 303-871-2146. (Strategies for teaching controversial topics, suggestions for topics, and evaluation systems.)

OTHER RESOURCES:

There are numerous good books and movies for students on war: Books range from Dr. Seuss's *The Butter Battle Book* to *The Diary of a Young Girl* by Anne Frank; movies include *Glory* and *Born on the Fourth of July*.

SURVEY RESULTS

The Crisis in the Middle East

More than 110,000 students responded to Scholastic's Middle East survey, demonstrating that students care about current issues, want to be informed, and have strong opinions that should be heard. Students in junior and senior high school were asked to answer all the questions. Upper elementary students were asked to respond to the first seven questions. And students in grades 1 to 3 were asked the first five questions. Due to rounding off, multiple choices, and the fact that some students didn't answer all the questions, the results do not always add up to 100 percent.

1. Are you a boy or a girl?

51% Boy **49%** Girl

2. Do you know anyone who lives in Iraq, Kuwait, or one of the other countries of the Middle East?

9% Yes **91%** No

3. Do you know anyone who has gone as a soldier to the Middle East?

13% Yes, a member of my family

27% Yes, a friend **61%** No

4. When you hear or see news about American soldiers going to the Middle East, how does it make you feel? You may check more than one answer.

54% A. Scared **13%** D. Excited

32% B. Proud **36%** E. Angry

33% C. Confused

17% F. Other: Sad, worried, nervous, don't care.

5. When you hear or read the news about the Middle East, what are you most worried about?

62% A. That there will be war.

28% B. That someone in your family or someone you know might have to go there to fight.

20% C. That people in our country will have to pay more for gas and other things they need.

9% D. That people in other countries will not agree with what the U.S. is doing.

8% E. Other: Soldiers and U.S. citizens will die; nuclear war; chemical war; the U.S. will lose or get invaded; getting drafted.

6. Which of these do you think is a good reason for going to war? You may check more than one answer.

22% A. To help a friendly country.

26% B. To make sure your country can get the resources it needs cheaply and easily.

42% C. If your country's citizens are threatened or killed.

20% D. If another country has disobeyed international laws.

35% E. To get rid of a dangerous leader in another country.

47% F. To protect your own country against attack.

29% G. To protect human rights in another country.

18% H. To help restore a government that another country overthrew by force.

27% I. There is no good reason for going to war.

7. In your personal opinion, what is the *main* reason that the U.S. has become involved in the crisis in the Middle East? Mark "1" next to that reason. If you think there are other reasons, mark them "2," "3," and so on.

34% A. To keep Iraq's Saddam Hussein from controlling oil supplies.

8% B. To restore the government of Kuwait to power.

33% C. To stop Saddam Hussein from taking over other countries in the Middle East.

7% D. To prove that the U.S. is still a world superpower.

4% E. Other: To protect U.S. oil interests; to free hostages.

8. Do you agree or disagree with the following statements?

	Agree	Disagree
A. Economic sanctions— keeping important supplies from getting into and out of Iraq— are a good way of showing disapproval for what that country is doing.	**63%**	**33%**
B. Sending U.S. military forces to the Middle East was the correct and necessary thing to do.	**60%**	**37%**
C. Unless the crisis is resolved sooner, U.S. forces should stay in the Persian Gulf region no more than 6 months.	**48%**	**49%**
D. U.S. forces should stay in the Persian Gulf region until Iraq gives back Kuwait.	**54%**	**41%**
E. If diplomacy fails to get Iraq to give up Kuwait, the U.S. should use military force against Iraq.	**53%**	**41%**
F. If necessary, the U.S. should use military force against Iraq even if the lives of U.S. and foreign hostages would be endangered.	**38%**	**58%**
G. The U.S. should never hold direct peace talks with Saddam Hussein unless Iraq gives up Kuwait.	**43%**	**51%**
H. Other countries besides the U.S. have done their share to resolve the crisis in the Middle East.	**40%**	**55%**

9. If you were old enough to serve in the military, would you volunteer to fight in the Middle East?

35% Yes **59%** No

This article is reprinted with permission *Scholastic Magazine*.

Counselors, Teachers, and Death Education

Richard C. Nelson

To be successful, death education requires leadership from teachers and counselors who are effective in coping with death in their own lives and in their work with youth. Counselors can play a valuable role in helping teachers develop the attitudes and skills that they need to deal with the topic of death. Counselors must have honestly confronted their own feelings about death and become well informed about the many aspects of death education before they can assist teachers effectively.

This article examines ways in which counselors can help teachers deal with death. Attention is given first to counselor self-growth in facing death. Next, death is looked at as a developmental concern, and consideration is given to classroom learning experiences that may develop healthy awareness related to death. Third, death is explored as an immediate matter; consideration is given to helping young people who have experienced the death of a person who is close to them or who are facing the death of another or of themselves. Finally, suggestions are offered concerning the development and function of a teacher group that is designed to explore the topic of death.

Counselor Self-Growth in Facing Death

Teacher to counselor: I've been reading a bit lately about new openness concerning death, and I think I need some help in that area. I think I've been bad for children; for example, I'm so terrified about death that I've even avoided looking at Jim because he thinks his father is dying. I just don't know how to help him. Do you think you could help me in some way?

Counselor to self: Who, me? I'm terrified, too. I don't know how to help. I run away from the topic like most people around me. How can I answer?

The counselor's self-dialogue in response to the teacher may be typical. Can we counselors help others if we ourselves have great difficulties in dealing with death? Do counselors have to be in touch and in charge in order to help others? Certainly, it would be difficult for counselors who feel terrified about death to cope effectively with a teacher's request.

What then? Withdraw from the field?

Perhaps we counselors have to do better than that. First, our efforts might be needed because so few human beings are really prepared to deal effectively with death. Second, it is likely that counselors would not be consulted if teachers thought that there was anyone else more capable of giving assistance. Third, in our own interest as well as for the benefit of those with whom we work, it may be time to face the problem of dealing with death.

If a teacher's question comes directly, we counselors might offer either individual or group assistance or buy a bit of time: "Let me get back to you on that and we'll talk about it further." Assuming

that we counselors choose the latter course and ask for time, how should we use it?

Seek Personal Resources

Recently, the topic of death has received attention in guidance, educational, psychology, and related literature. Workshops have been conducted to explore personal feelings, attitudes, and information on the topic. Perhaps someone is available who is well informed and who might serve as a consultant to counselors, to a teacher who requests assistance, or to a group of teachers. It is possible that with a resource person and some reading and self-exploration we counselors might find that we are the best equipped persons to meet the need.

If we believe that we would not be most effective in consulting or facilitating a group experience, we might assist in the initial organization of a group exploring death and dying or serve as coordinators of special programs for school personnel. Our objective should be that of meeting needs.

Research the Topic

Reading current literature (see other articles and annotated bibliography in this issue) can expand our personal knowledge about the topic of death. As we consider what we read we may come to a better understanding of our own fears and our own ways of responding to grief. We may come to accept ourselves as persons who can help teachers to cope with the realities of death.

Participate in a Workshop or Group

The need to respond to a teacher request may press too strongly for us to take advantage of a group experience at that time. If such a group were available, however, we might consider attending it with the teacher. Also, in our local, district, or state Personnel and Guidance Association or School Counselors Association we might find support for the development of a group, or it may be possible to gather with counselors in the immediate vicinity and build a group that focuses on concerns about death. At the moment we need a group none may be about to start, but, with the suggestions offered later in this article (and in this issue) and with a group of experienced counselors and perhaps a teacher or two, we may be able to create a valuable group experience.

The goal, regardless of the method chosen to achieve it, is for counselors to gain self-understanding and to marshal their own personal strengths in order to assist others.

Death as a Developmental Concern

Jack, a 7-year-old, saw a counselor a number of times about his dozing in school and his relatively recent scholastic slump. Eventually he shared his deeper concern. Older students had told Jack that he would die if he breathed through his mouth at night when he slept. The adults influencing Jack had made it clear that the topic of death was unacceptable; thus, he got his information where he could.

As a young child, Dick began to have a recurring nightmare of a friendly, elderly neighbor folded up, dead, in a wicker basket. It seemed likely that the word casket was not in Dick's vocabulary; therefore, he had created his own image of what he was told. When, as an adolescent, he gained an understanding of the word, the dream stopped. The protection that Dick had been given left him to the terrors of his own imagination.

As with any other reality, young people need to understand, or at least to talk about, death. Death is a mystery, but it is not so mysterious that only hushed tones and euphemisms should be used when discussing it. We are uncomfortable discussing death because we fear our own ultimate death and because we know pain from the death of people important to us, but if we fail to discuss death we leave young people to create their own legends and to discover their own information or misinformation about death.

Ideally, the topic of death might be handled best in the home under the loving care of parents. Because many parents find the topic of death even more difficult to discuss with their children than sex, death remains unexamined. Another aspect of the problem, however, is that young people may not have the requisite vocabulary to ask their questions; thus, group attention to the topic of death seems

highly desirable since children then may learn through the responses to others' questions.

Adults may worry needlessly about giving too much information to children. Talking about death may be compared to discussing cars. Children understand what death means only in the sense that they understand that a car moves. At a later age children begin to understand how a car is driven. Eventually, they may learn to make repairs or to understand the theory of the internal combustion engine. Since children will absorb only what they comprehend, our concern should not be that we give too much information about death; rather, we should concern ourselves with giving sufficient information to encourage dialogue and to dispel misinformation.

Opportunities to deal with death in a remedial fashion occur when a death is imminent or has just occurred; developmental opportunities exist almost any other time. We support the cultural taboo when we avoid discussing death except when it has occurred. We counter the taboo when we show a willingness to discuss death when it is not imminent. Our own discomfort makes it unlikely that we will appear before a class on a sunny day and announce: "The topic today is death." How then do we introduce the issue?

Death is in the news constantly. Accidents, natural disaster, and disease resulting in death are before us always. Motion pictures and television dramas seem to stress violence and death. Such fine pieces of literature as *A Taste of Blackberries* (Smith, 1973) for children aged 8 to 12 or *Death Be Not Proud* (Gunther, 1949) for teenagers may provide a better, more sensitive launching platform for discussion of the topic, however.

On one level the television generation is inured to the implications of death. Children have seen cartoon characters dismembered and later magically reassembled, they have seen news reports of battles and of death in faraway places, and they have heard accident statistics that have simultaneously brought death closer and depersonalized it. Good literature that cannot be reduced to a 10-minute cartoon or a 50-minute drama is much more likely to result in a sense of reality and personalization.

In dealing with the topic of death in a developmental fashion, the use of straightforward terminology seems especially important with young people. Adults may believe that children need the protection of euphemisms: gone away, laid to rest, asleep forever, the angels took him or her, passed on, lost, on the other side, eternal reward. Children and youth may be thoroughly confused by such language and experience unnecessary fear of sleep, rest, going away, passing from one grade to another, receiving a reward, and of angels or heaven, because the realistic language about death is avoided. Euphemisms about death may be useless for adults also, but for young people the confusion euphemisms create makes them totally unacceptable (Nelson & Peterson, 1975).

Philosophically, dealing with death may be seen as part of learning to cope with anything that makes us sad, hurt, or angry. Sorrowing choices, one of five kinds of choices presented in choice awareness (Nelson & Bloom, 1975), are seen as inevitable responses to the sadness that comes to all of us, especially in the face of death. Such sadness will be expressed. It is important that young people be helped to see that the direct expression of sadness is important and necessary. Since children may feel grief and remorse later because they did not adequately express their sadness at the time of a death, it is important that young people be helped to make such statements as: "I hurt when I think of Grandma dead." "Now that Aunt Sue is dead I find myself wondering if I will die." "I keep thinking Mom and Dad won't live forever, now." "I miss Grandpa." "I'm angry that Daddy is going to die." "I need a shoulder to cry on." "I feel like I don't want to be close to people, because they might die too, and it feels too bad." "I keep feeling sorry about some of the things I said when Dave was sick."

Choice-awareness theory suggests that there are two basic alternatives to open expression of genuine grief. First, grief may be internalized. When this occurs a person becomes miserable, blames or feels sorry for himself or herself, and, because the grief is unexpressed or inadequately expressed, this internalization may continue indefinitely. Alternatively, sadness may be externalized, and the person strikes out at others in a variety of ways. Verbal lashing out, expressing hostility toward younger or less powerful persons, and even lying, cheating, or stealing may result when an individual cannot express sadness directly and effectively. For males, in particular, the

injunction to "Be strong" results in the avoidance of direct expressions of grief even in the face of death, and that grief must have an outlet.

In exploring the topic of death developmentally, young people need to see death as an inevitable part of life, to understand their own need for grief, and to be helped to develop the vocabulary and skills for expressing sadness directly. The adult who initiates effective dialogue relative to death not only contributes developmentally to personal awareness and sensitivity but is likely to be sought as a person who might help when the realities of life and death exert pressure at critical times in the lives of young people. The very initiation of such a vital topic as death can do much to convince young people of the caring and concern of both counselors and teachers.

Death as an Immediate Concern

Marie, a college student, admitted that for 2 weeks after Jill's father died she avoided her: "I just didn't know what to say to her."

Tom wanted to avoid people altogether after his brother was killed: "I got so tired of hearing the same things over and over, 'I could hardly see any evidence of the accident,' or 'If there's anything I can do...'and nobody can do anything!"

Counselors can help teachers deal with the two major threads that seem to run through the fabric of response to death: inadequacy and avoidance. Because the needs and responses of those who have survived a death are so varied, after an initial rush of sympathetic expressions there seems to be a period of watching and waiting by those less affected.

Making generalizations to a teacher about what to do seems dangerous because the basis of a response is in the relationship itself. A hug might be the right thing for one person to give, a touch on the arm for another, a note for a third: "I feel lost in reaching out to you now. I just want you to know I am thinking of you."

Simply expressing a willingness to talk may be highly appropriate: "I think it may be important for you to talk to someone about your feelings now. If you want me to be that person I'd gladly do that for you." A young person may have no one who can, or is willing to, fulfill the role of listener. If a teacher or counselor suspects this, he or she can still offer help even though the relationship has been superficial: "I know we haven't really become close, but I'd like to have you know that I'd be willing to have us get together and talk unless you have someone else who is doing that with you. When I have been really sad or confused it has helped me to talk with someone."

Another course of action that my be taken when young people are coping with death is, of course, a gentle, warmly stated referral: "I see the pain in your eyes and I think it would be good for you to talk out some of your feelings with Mr. Davis or Mrs. Stapleton." Seeking outside assistance may have been either overlooked or considered and rejected because "the counselor (other helping person) might be too busy." A recommendation to seek help may be all that is needed.

A relative or a classmate may have died, or a relative, friend, or even the young person involved may be dying. Certainly, there are enormous differences in the impact of these various circumstances. Nonetheless, there are some similarities in the responses that a counselor may offer to a teacher or directly to a student. Besides the suggestions already given, one more is relevant. Don't isolate. Making a nonverbal or verbal overture to the person is appropriate, as is offering to include the individual in activities. In May 1975 a letter appeared in Ann Lander's column in which a woman reported having had to leave her community once people learned that she was going to die because her friends and neighbors refused to treat her as normal even though she had no limitations on her physical activities. The woman pleaded to be treated normally—without constantly having her health inquired after—to be included, to have others demonstrate a willingness to relate to her, to forget her disease, and to love her. Living with the immediacy of death is difficult.

Offers of assistance may best be accepted if counselors have shown concern in the past, but, even as acquaintances, we can help bereaved individuals by maintaining contact. In their grief people need to be close to others; we need to consider carefully what is appropriate for a relationship and where we can best fit into the needs of those we serve.

A Teacher Group Focused on Death

If we counselors and teachers are to deal effectively with death, either developmentally or immediately, it is essential for us to explore our own attitudes and fears regarding death. Comparatively few of us will have worked through our own ideas and emotions on the subject, a modest percentage may be able to build awareness on our own through reading and reflection, but the majority will benefit by group exploration of death. Somewhere we need the opportunity to air our ideas and concerns.

One format for focusing on death in a group is that of basic encounter. An unstructured opportunity is provided for members to air their feelings and ideas, to react to (encounter) the responses of others, and to experience responses to their own ideas. A second format is the study group: Reading in common is done outside the group and then the reading is discussed in the group. A third format, explored briefly in this article, is that of a structured group experience.

The kind of group structure suggested in this article incorporates stimulus activities so that group members are challenged to explore particular aspects of death in ways that allow their common group experiences to be discussed and related to their experiences outside the group. The effectiveness of a group is more dependent on effective dialogue than on activities, so the activities may be dispensed with if and when the issues surrounding death are being effectively discussed without them.

A group consists of a small number of volunteers (5 to 10) who are interested in the topic, who agree to meet for a specified number of sessions (3 to 8), and who are open about exploring their ideas and attitudes concerning death. An underlying assumption is that a counselor-led teacher group focusing on death can help its members to explore their own ideas and thereby enable them to cope with young people more effectively when the issue of death is raised or when they themselves desire to focus on death as a developmental matter.

The following are some stimulus activities that might be used in a teacher group focusing on death:

1. *Saying it straight.* The group spends 5 minutes mentioning the euphemisms associated with death (e.g., passed on, laid to rest) and 5 minutes mentioning the reality-based phrases and words (e.g., dead dying, coffin). Discussion follows.

2. *Euphemisms and fantasy.* Using euphemisms, individuals are invited to share their fantasies of the problems that children might have that result from euphemisms. For example, "I am Jamie, a 6-year-old, and I heard that my grandpa had been laid to rest and then I never saw him again. My parents tell me that if I can't nap in the afternoons I must at least rest. I try to nap, but when I can't, I cry, and I don't know why." Discussion follows. Agreement is sought on using reality-based words in the group.

3. *An age-relevant death fantasy, I.* Each member of the group who wishes is invited to fantasize what it would be like to be one of his or her pupils facing the knowledge of the death or impending death of someone close. "How would I hear about it? What would I do immediately? What questions would I have? Whom would I ask? What would I feel, think, do, over time?" Discussion follows each fantasy.

4. *An age-relevant death fantasy, II.* Each member of the group who wishes is invited to fantasize what it would be like to be one of his or her pupils facing the knowledge of his or her own impending death. Discussion follows each fantasy.

5. *A guided recall of grief.* Members of the group are asked to close their eyes and recall or fantasize concerning the death of a person of great importance to them. The leader verbalizes learning about the death of that person and the stages of grief (Kubler-Ross, 1969). An example of part of the dialogue relevant to the first stage, denial, might be as follows: "I can't accept what I have just heard or seen. (Long pause) I'll go out of the room and come in again and it will all be different. (Pause) I'll go to bed and sleep and wake up and find this is all a dream. (Pause) I simply won't believe it. (Pause)" The dialogue continues through the stages of anger, bargaining, depression and acceptance. Discussion follows.

6. *A present death fantasy, I.* As with the age-relevant fantasies, each member of the group who wishes is invited to fantasize what it would be like

to face the knowledge of the death or impending death of someone who is presently very close. Discussion follows each fantasy.

7. *A present death fantasy, II.* Each member is invited to fantasize what it would be like to be facing the knowledge of his or her own impending death. Discussion follows each fantasy.

8. *Epitaph writing.* Each member is to contemplate and write possible epitaphs for himself or herself. These epitaphs may show what might have been written in that person's youth, at present, 10 years hence, and at a very advanced age. Discussion follows.

9. *Obituary writing.* Obituary samples are read to the group, and each member writes his or her own obituary. Each member may also draw the name of another group member and write an obituary for that person. Obituaries are read and discussed.

10. *Funeral service.* Group members are encouraged to attend a funeral or at least to visit a funeral home before a funeral service. During the group activity a member tells the group what his or her own funeral service might be like, what family members and others the group members might role play, and then lies motionless while a simulated service is conducted. Discussion follows.

11. *Writing a eulogy.* Each member is asked to write a eulogy that portrays his or her life realistically, emphasizing the celebration of self. Members may also write an imaginary eulogy saying what they would like to hear. Eulogies are read and discussed and, if appropriate, compared.

12. *Death role playing.* Each member who wishes directs the group in playing roles depicting the moment of his or her death. The member sets the stage: when, where, how, who is present, the general attitude of participants. Discussion follows each role-playing incident.

Summary

Group experiences incorporating such activities as those cited in this article may help individuals to face the reality of death in a setting in which they are supported by others. Personal strengths and weaknesses may emerge in teacher-counselor group discussion and contribute to deeper communication among school staff members. Experiences in such groups may help teachers and counselors discuss the topics of death and dying with their students.

While these goals alone are worth the time and effort, a deeper, more significant goal may emerge and be achieved by those who explore the topic of death. The preciousness of life is much more evident when the illusion of earthly immortality is discarded and when the inevitability of the death of others and of ourselves is confronted.

I won't live forever—neither will you. Those we encounter in our daily living can benefit, as can we, if we live our lives as if we know that they are limited. We counselors have a special opportunity, if we learn how to use it, to help others live richer lives. One of the most important ways in which we might use that opportunity is by helping young people, either directly or through their teachers, to understand the reality, to comprehend the inevitability, and to explore the mystery of death.

References

Gunther, J. (1949). *Death be not proud.* New York: Harper & Row.

Kubler-Ross, E. (1969). *On death and dying.* New York: Macmillan.

Nelson, R., & Bloom, J. (1975). *Choice awareness: An innovative guidance process.* Boston: Houghton Mifflin.

Nelson, R., & Peterson, W. (1975). Challenging the last great taboo: Death. *School Counselor, 22,* 353–358.

Smith, D. B. (1973). *A taste of blackberries.* New York: Crowell.

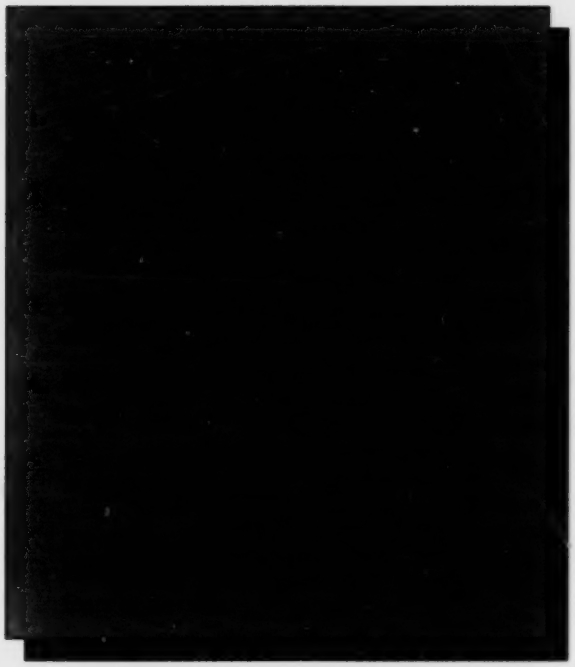
Richard C. Nelson is a Professor of Counseling and Personnel Services at Purdue University in West Lafayette, Indiana.

This article originally appeared in the journal *The School Counselor* and is reprinted with permission from the American Association for Counseling and Development.

BEST COPY AVAILABLE

MODULE 2

PROGRAMS AND PRACTICES FOR HELPING STUDENTS COPE WITH FEARS AND CRISES



Introduction

In this module are 14 resources selected to assist the user in identifying programs and practices that can be useful in developing programs aimed at crisis prevention or the reduction of the after-effects of crises, and in developing specific crisis and fear practice interventions. They range in age level from elementary to secondary students. Several excellent resources have a guidance orientation but emphasize a schoolwide orientation and are equally useful for teachers and administrators as well as for counselors (*Children's Fears: Toward a Preventive Model; Children and Crises: A Developmental Guidance Approach; The Role of School Counselors With Bereaved Teenagers*). The range of crises dealt with is broad and ranges from a focus on generalized fears and anxieties (*Rechanneling Anxieties*) to specific programs and practices concerned with student or teacher death and suicide (*Responding to Student or Teacher Death; The Role of School Counselors With Bereaved Teenagers; Responding to Suicide in Schools*).

A number of the resources focus on specific practices that can be adopted to respond to war-related crises and are intended for use with teachers, parents and students (*11 Tips: Talking With Your Child About War; Children and War—Responding to Operation Desert Storm: A Special Handout for Parents; Children and War—Responding to Operation Desert Storm: A Special Handout for Teachers*). Other resources, such as *Using Guided Fantasy With Children* and *"Stressing" Relaxation in the Classroom*, offer special techniques and practices.

The forementioned resources and others in this module, plus those described in Module 5, *Abstracts*

of Significant Resources, offer useful ideas, practices and program designs. Their best use, however, is when they are customized to fit the special needs and interests of a school. As is discussed in the concluding module, the individual and collective impact of the programs and practices described is most often realized when they constitute part of a preventive thrust that both responds to the immediate crisis as well as assists the students involved to acquire coping skills that will enable them to more effectively weather future challenges and crises.

Children's Fears: Toward a Preventive Model

Edward H. Robinson III, Joseph C. Rotter, Mary Ann Fey and Sandra L. Robinson

Children's fears can span a continuum from having a positive self-preserving and motivational quality to having an inhibiting or even debilitating effect. A child attempting to cross a busy street may exhibit a fear of cars. The child may approach the situation tentatively with a heightened awareness of the potential danger and thus exercise an appropriate amount of caution in crossing the street. Under such circumstances fear clearly can be self-enhancing. Another child may have great difficulty going to sleep because of a fear of the monster under the bed. This child may suffer a significant loss of sleep and emotional discomfort, which can carry over into everyday life. The child may be too tired to attend to learning tasks in school or be distracted from tasks knowing that the hideous creature lies in wait under the bed at home.

Almost 100 years ago G. Stanley Hall(1897), one of the founders of the child study movement, eloquently outlined the scope of the problem with regard to helping children deal with fear.

> There is no one without fear, and those few who so emphatically disclaim all fear...are thinking of shock or panic or acute fright, or special physical dread, etc., but not the subtler forms, like fear of God, or dishonor, failure of their higher purposes, for themselves or others. Not only does everyone fear, but all should fear. The pedagogic problem is not to eliminate fear, but to gauge it to the power of proper reaction. (p. 242)

For children, fear is an integral part of their lives and, as such, a part of their normal development. Many of the fears of childhood are transitory in nature and may appear at or about the same age for children. As children learn to deal with each fear in turn, the fears pass on without great disruption, helping the child to learn adaptive ways of coping with fear. For some this can be a more painful experience than for others because like any normal learning process, casualties are found along the way.

It is estimated that from 4% to 8% of all children in the United States will receive clinical treatment for fear-related disorders (Morris & Kratochwill, 1983). Schachter (1988) claimed that 10% of the children in the United States will develop a phobia during childhood. The numbers of untreated population often run as much as two times those of the treated population. In a recent survey of teachers in American international schools, the vast majority of teachers believed that children were adversely affected by fears and that as many as 50% were not functioning effectively at some time because of fear-related concerns (Robinson, Rotter, Vogel, & Fey, in press).

The "treatment dilemma" is a complex one because the goal is not the elimination of fear but rather the development of appropriate coping strategies that allow children a sense of control over life events with respect for threatening situations. The school counselor then must develop a sense of the developmental aspects of children's fears, strategies that help children learn effective ways of coping with normal developmental fears, and strategies to assist those children who experience some difficulties related to fear. This article explores these three areas and suggests a model for school counselors that may help them to conceptualize their work with a child and his or her fears.

The Development of Fears in Children

The controversy of heredity versus environment is always an issue in examining the development of attributes in children. Kagan (1986) has been engaged in a longitudinal study of children from birth to age 8. His findings suggest that children may have some inherent predisposition toward fearfulness. Some children are much more prone to fearful behaviors from birth than other children. He also noted that over a period of 8 years some children who were more fearful at birth became less so and some who were less fearful became more so. This suggests that, although there may be a hereditary link involved in the development of fear, environmental factors also play a large part in the development of children's fears. Although Kagan's research suggests that some children will be prone to react more to fear objects, it is generally agreed that all children will exhibit fears and, while many are transitory in nature, the fears appear at about the same age for most children (Jersild, Markey, & Jersild, 1933; Morris & Kratochwill, 1983; Robinson, Robinson, Whetsell, & Weber, 1986).

Normative Data on Children's Fears

Table 1 outlines an integration of several studies concerning normative data on children's fears. The fears of infancy appear to be related to events and changes in the child's immediate environment. Fears of strangers, separation from parents, and attachment-related concerns occur from late infancy into early childhood. Early childhood gives rise to fears of dark rooms, sudden changes in appearances, and large animals. As the child approaches school age, mystical creatures begin to be the primary focus of children's fears, and perhaps the dark is the general representation in the child's mind of these mystical embodiments. In the early school years children also become aware of "bad" people and although large animals, particularly wild animals, are a source of fears, their intensity and frequency decreases and is replaced more and more with fears of robbers, muggers, kidnappers, and fears of being alone. The school years seem to give rise to fears of failure and related punishments, which transcend the passage of childhood into adolescence. Here, fears relate to social, personal and family relations as well as sex-related fears. War, particularly nuclear war, is a relatively new fear for the early adolescent, and fears related to AIDS seem more recent.

Understanding the Fear Cycle

Although all children will experience fear as an inevitable and essential part of their normal development, not all children will learn to cope with fear effectively. For some, fear will interfere with their effective functioning in school and in daily life; for others, the effects of fear may even become debilitating. For the school counselor to develop effective strategies in helping children cope with fear, it is important to understand how children develop effective ways of coping. Figure 1 represents the fear cycle.

Fear is the anticipation of or awareness of exposure to injury, pain, or loss. A fear object, then, is any object or conceptualization that the child anticipates might cause injury, pain or loss. The degree of fear is related to the child's perception of vulnerability. In the fear cycle, the child perceives an object or concept, which is compared with one's sense of self and one's personal resources. The child may experience this with a sense of power and a feeling of confidence (affect); the child may realize that he or she has the resources to deal effectively with the source of potential threat (cognition); the child may

Table 1
Normative Data on Children's Fears

Age	Fears
0–6 months	Loss of support, loud noises, sudden movement
7–12 months	Strangers, sudden appearance of large objects, loud noises
1 year	Separation from parent, strangers, injury, toilet
2 years	Large animals, dark room, large objects and machines, loud noises, sudden changes in personal environment
3 years	Dark room, masks, large animals, snakes, separation from parent
4 years	Dark room, noise at night, large animals, snakes, separation from parent
5 years	Wild animals, bodily injury, dark, bad people, separation from parent
6 years	Ghosts, monsters, witches, dark, being alone, thunder and lightning
7 years	Dark, monsters, storms, being lost, kidnapping, being alone
8 years	Dark, people (kidnapper, robber, mugger), guns or weapons, being alone, animals
9 years	Dark, being lost, bad dreams, bodily harm or accident, being alone
10 years	Dark, people, bad dreams, punishment, strangers
11 years	Dark, being alone, bad dreams, being hurt by someone, being sick, tests, grades
12 years	Dark, punishment (being in trouble, bad grades), being alone, being hurt or taken away, tests, grades
13 years	Crime in general, being hurt or kidnapped, being alone, war in general and nuclear war, bad grades, tests, punishment
14 years +	Failure at school, personal relations, war, tests, sex issues (pregnancy, AIDS), being alone, family concerns

Note. Compiled from works by Croake & Knox (1971), Jersild & Holmes (1935), Kellerman (1981), Maurer (1965), Morris & Kratochwill (1983), and Robinson, Robinson, & Whetsell (1988). See References for full publication information.

get butterflies (physiological response); and then the child may take some action (behavioral response). As a result of the action, the child again examines the potential threat of the fear object. The degree to which the child's action lessens the potential threat influences the child's perception of the fear object. The more children successfully handle such situations, the less vulnerable they may feel. Conversely, the less successful they are, the more vulnerable children may feel. Vulnerable children may express more concerns about an array of fear objects and may generally approach new situations with greater trepidation. Some children may be generally successful but maintain "unreasonable fears" with regard to a particular fear object. The external observer may see the child handle similar situations well but is at a loss to understand why the child cannot transfer coping skills to a particular fearful situation .

Current Theoretical Approaches

A behavioral interpretation of this latter situation suggests that fears are learned separately and individually: thus, a child may develop one fear

which creates difficulties and no others, or a child may learn a number of fears. Other theories postulate that fears are interrelated and caused by some underlying conflict (Morris & Kratochwill, 1983). Based on theoretical positions, treatments are prescribed. In a behavioral system a counselor works on each fear and does not expect improvement in any other. The Rogerian or Adlerian theorist, believing internal psychological factors responsible, works toward insight as necessary for effecting positive change. The research of Miller, Barrett, Hampe, and Noble (1972) suggests that both behavioral and insight models are effective with some children. While effective, each counseling approach has some limitations (Banhart & Banhart, 1983; Barnett, 1984; Geer & Tuteltaub, 1967; Hatzenbuehler & Schroder, 1978; Holmes, 1936; Jones, 1924; Kaufer, Karoly, & Newman, 1973; Ongoa, 1979; Sartory, Rachman, & Grey, 1982). The development of theory has not yet reached the point of explaining all things in all situations. Perhaps a more practical approach for school counselors at this point is to develop a model that helps them organize their intervention strategies into a systematic, eclectic scheme that fits their role in school.

Toward a Model of Understanding Children's Fears

That one child may be frightened by a fear object and another child not frightened by the same object gives rise to the individuality of perceptions of a given fear object's power to elicit a fearful response. Fear, then, must be understood on an individual basis; yet, children exhibit many of the same type of responses to fear objects and report many similar fear objects at (or around) the same age. Thus, there must also be some common phenomenon shared by children in general regarding fear. This dual nature of fear may suggest that fear in children is related to the development of other systems. Studies suggest the relationship of the child's fears to cognitive development of the child (Bauer, 1976). Many other developmental systems may be linked to the development of fear in children as well.

A number of theorists have discussed fear in terms of its relationship to courage (Rachman, 1978) or power (Wolman, 1978). Figure 1 is a visual representation of the fear cycle. The child perceives the fear object and perceives self in relation to the fear object. At Point A a potential fear object is in the child's environment. By Point B the child becomes

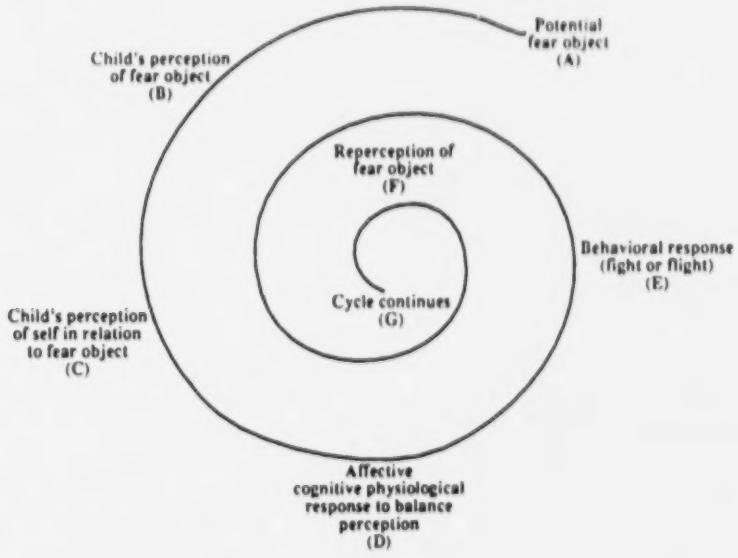

Potential fear object (A)
Child's perception of fear object (B)
Reperception of fear object (F)
Behavioral response (fight or flight) (E)
Cycle continues (G)
Child's perception of self in relation to fear object (C)
Affective cognitive physiological response to balance perception (D)

Figure 1
Conceptualization of Fear Cycle

aware of the potential fear object. The process that occurs at Point C is the child's assessment of the potential threat of the fear object in relation to the child's own sense of power. On reaching Point D the child may respond to the fear object with cognitive, affective or physiological response patterns. Next (Point E), the child may take some action to flee or to try to overcome through a strategy to control the potential fear object. At Point F the child again assesses the potential threat of the fear object based on the success or failure of the strategy at Point E. Successful strategies lead to an upward spiral of confidence and adaptive behaviors; unsuccessful strategies lead to greater fear and maladaptive behaviors in a downward spiral.

Power

If the children perceive that they are more powerful than the potential fear object. they respond in one way; if, on the other hand, they perceive that they are less powerful, they may respond in a very different way. Power consists of three different constructs: security, self-worth. and control. The extent to which children see that they are secure, feel of value, and act on their environment determines their general reaction to a potential fear object. Although most children of age 6 may fear the dark, those with a sense of power tend to believe they will find a way to master the situation; those without a sense of power may experience difficulty in coping.

Security is having a sense of wellbeing and safety based on having allies in facing the world and one's environment. Allies can be family, friends, teachers, spiritual faith, or even inanimate objects (such as stuffed animals) that the child can call on for help and comfort when faced with potential fear objects. Allies may help children develop strategies for defeating fear objects; they provide comfort when thinking of dealing with fear objects; they may also help to intervene and neutralize the influence of fear objects.

Marty, age 7, is in bed with 15 stuffed animals. Her father looks in and, after a minute. says, "Marty, if I were a monster. I wouldn't be able to tell you from all your friends there." Marty answers, "Yes, Daddy, I know." Marty has allies she can count on. She may also have parents who she knows "listen for her" or friends who she feels will help her if she needs them to fight the forces of fear. In short, she has a measure of security gained through knowing she has allies who will help her.

Self-worth, in this case, is defined as having a sense of confidence that one is capable and of value. Children with feelings of self-worth approach a task with confidence of success. They believe that they can overcome obstacles because their personal resources are great.

Janet, age 14, walks into a new school for the first time. She has attended three new schools in the last 9 years. 'The first time her family moved was in the middle of the second grade. She was greeted enthusiastically in her new school, and staff made sure she felt welcome and made sure to include her in activities, pairing her with children they knew would also include her. They made sure she learned the procedures and what was expected of her. They showed her where lunch would be and how she would get her tray and what to do afterward. In short, they ensured her success at many of the tasks of transition into a new school. Janet was fortunate that the next new school was the same in its orientation. Now Janet, with three successful experiences behind her, enters her fourth school with confidence that she can succeed.

Control involves having a sense of acting on the environment, of exercising influence over one's life and the things that happen in life.

Paul has been given choices since he was very young. "Paul, would you like a peanut butter and jelly sandwich or a liverwurst sandwich." his mother would ask when he was age 2. Paul usually opted for the former. At age 5 Paul was given $4 at the state fair. "This is the money you have for the fair. You may choose to ride the rides, buy something to eat, or play the games, but this is all the money you have so think about what you want to do with it." At age 6 Paul woke up one night afraid of what might be out there in the dark. He summoned his courage, got up, and quickly turned on his light. He went into his parent's room to check on them. He went back to bed leaving his light on. Paul is learning that through his choices he acts on his environment. He has a certain sense that he can control events in his life.

These three constructs empower children and help them approach tasks and obstacles in life. Children who have adults in their lives who care for and encourage them and children who have the skills to make friends develop a sense of security that allows them to explore their world. Children who feel good about themselves develop the confidence to explore and attempt new strategies to overcome fear (self-worth) (Rotter & Robinson, 1987). Children who have been given some autonomy in decision making learn that they have a degree of control over their lives. They learn to access their strengths and weaknesses and accept that coping with dilemmas in life is a natural part of living.

Disasters and Terrors

Children can be adversely affected by disasters and terrors (Figley & McCubbin, 1983; Terr, 1981; Trautman, 1987). A traumatic event in a child's life can lead to fear-related problems that interfere with the child's normal functioning. Certainly the exact link between fear-related disorders and traumatic events can be argued, but there is ample support for the general connection (Honig, 1986). Situations such as the Chowchilla kidnapping in California in which children were captured and buried in a school bus, led to severe disturbances in many of the children after the rescue.

Thus, children who develop fears that are focused on only one fear object or closely related objects may develop those fears through traumatic events that they perceive in their lives. A child who otherwise is functioning on a high level with regard to the concepts of control, self-worth, and security may develop reactions to specific fear objects in this way.

Counseling Strategies

The model outlined here leads to a multifaceted delivery system for the school counselor interested in helping children in learning to cope with fears. Figure 2 depicts a primary prevention scheme for the school counselor. The intervention scheme on the first level of prevention focuses on guidance and counseling activities designed for all children to develop the concepts of control, security, and self-worth and activities fostering the exploration of normative childhood fears using the fear objects that concern most children at a given age level. On the second level, dealing with high-risk children, activities focus on helping children who have been subject to potentially traumatic events in their lives in collective or individual settings. The third level of prevention is directed toward helping children who are experiencing the adverse effects of fear-related problems. In the previous examples intervention may focus on the fear object as well as the constructs of security, self-worth, and control.

Developmental Interventions

The goal of developmental intervention is to assist all children in developing the best skills possible for successfully meeting the demands of life in the present and in the future. One aspect of the developmental approach focuses on skills related to dealing with fears.

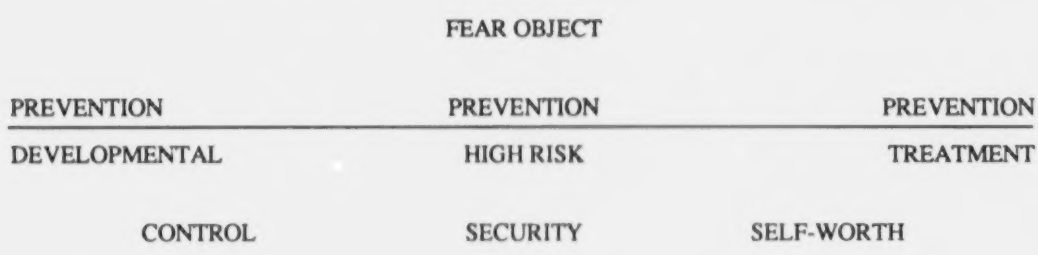


Figure 2
Conceptualization of Fear Cycle

The counselor knowledgeable about the normative data concerning fear in children may adopt strategies to help children meet the normal task of learning to cope. The counselor may help teachers integrate classroom learning tasks with this developmental task by exploring these normative fears. One of the worst and most prevalent fears of early school-aged children is fear of the dark. Helping teachers see opportunities to allow children to explore this topic helps children explore ways to master this normative fear object. Studying creatures of the night, planning civics lessons on people who work at night, reading stories about the dark, performing mathematical operations dealing with the stars and nighttime navigation, and observing the science of plant life in the night are possibilities. The opportunities to integrate the subjects of math, science, reading, spelling, language arts, and so forth with the daily struggles of children are many and varied.

One service counselors can perform is helping parents understand the developmental process of normative fears through newsletters or parent workshops by exploring the dos and don'ts of parenting with regard to children's fears. These dos and don'ts include: don't use fear to secure discipline, don't make fun of children's fears, don't dismiss children's fears as fanciful or imaginary, and so forth. Do encourage children to communicate, do listen to children, do help them explore strategies to defeat the monsters in their lives, and so forth. Providing tips for parents on the role of control, self-worth, and security in meeting the challenges of life is another possible strategy.

Conducting classroom guidance activities that systematically address control, self-worth, and security issues is another strategy that may be employed by the counselor. Helping children develop decision-making skills increases their sense of control. Helping children develop a sense of their strengths and providing success experiences develops a sense of self-worth. Helping children gain effective interpersonal skills allows them to relate to others, make friends, and be a friend to establish allies in life and gain a sense of security that they are not alone in meeting challenges.

Again, the list of specifics is endless but the key organizing principle is establishing consultation and counseling strategies aimed at helping children develop the underlying structures of control, self-worth, and security while exploring areas of normative developmental fears. This can be accomplished in group or individual settings through experiences provided by the teacher and the counselor.

Helping High-Risk Children

Children who have experienced collective or personal disasters in their lives are more likely to develop problems related to fears than other children are (Terr, 1981; United States Department of State, 1986). Children experiencing a high level of general stress are also more susceptible (Honig, 1986). Inviting such children and adults in their lives to participate in counseling activities is an important strategy for prevention of fear-related problems.

Collective disasters might include earthquakes, tornadoes, hurricanes. and acts of war or terror in which a large portion of a school population or community are affected. Such crises remind children that they are vulnerable and raise doubt in them regarding their sense of security and ability to control their own destiny. Children will have to eventually learn to accept the uncertainties of life, but such events give rise to doubts as to whether they can be successful in other areas of their lives and meet the challenges of daily threats.

Personal disasters can be just as traumatic for the individual child. Loss of a parent, divorce, and bodily injury are examples of personal disasters. These may have the same effect on the child as collective disasters. The child who is under stress from things such as changing schools, family strife, school failure, and so forth can also be at greater risk than other children.

The counselor may wish to target these children, their families, and teachers for special intervention. In 1986 children at the American Cooperative School in Liberia were faced with an attempted coup. Although no violence was directed at the children themselves, there were a great deal of shooting, killings, and assassinations. Most of the children were exposed to these events. Following the coup attempt, children came to school through checkpoints maintained by armed soldiers. They

often had to get out of the bus or car while soldiers searched them and the vehicle. On the playground, children acted out their fears. They set up "checkpoints" and searched for weapons. They played war games. The teachers were uncertain what to do: Should we go on as usual? Should we talk about it? What do we say if we do talk about it? Parents too were uncertain as to what to do. Often in the face of disaster, teachers and parents, uncertain about how to broach the topic, simply return to business as usual and inadvertently send the message that this is something not to be explored. In such circumstances, the counselor needs to help teachers, parents, and children with the information appropriate to the developmental level of the children.

In the preceding case, counselors could meet with teachers and parents first, let them talk out their concerns and fears, and then provide them with structured ways they could help the children. In this case, one suggestion was to have a sharing time as soon as children got to school. "How were the checkpoints today?" "How did you handle the situation?" "I see you're all handling the checkpoints well. How do you do it?" "It's scary but you seem to be able to handle it." After the sharing, a story time for the younger children helped them calm down a bit. One teacher distributed clay during story time. At first children just kneaded the clay; later, as their anxiety abated, they began to make things with the clay.

Learning how to release the tensions brought on by crisis situations is the first goal of intervention. Relaxation training, guided imagery, mutual storytelling, and other techniques might be helpful aids in such circumstances. For older children journal writing can provide an important opportunity for cathartic release. With high-risk populations the counselor will want to deal first with the specific issue at hand and then help the children reestablish their sense of control, self-worth, and security.

Counseling the Fearful Child

The third level of prevention is helping the child who is already experiencing fear-related problems. The longer fear-related problems persist, the more difficult it is to help the person find ways to overcome the fear (Jones & Jones, 1928). Miller et al. (1972) found that the greatest success rate for helping phobic children was effected for children between 6 to 10 years old. Next was the range from 11 to 12 years old. The success rate falls off dramatically for the over-13 years old population. When fear-related problems surface early, intervention can prevent more severe problems (Sarafino, 1986).

Figure 3 outlines a counseling scheme following the model suggested here. In the first phase, the counselor is concerned with establishing a positive relationship, providing cathartic release, exploring the child's world, and validating the child's fear. This last consideration is very important. The child's fears are real no matter how mystical, imaginary, or unthreatening they may appear to the observer.

> We have seen that children, especially young ones, may not always understand the difference between fantasy and reality. To them, the shark from the movie 'Jaws' may be as real as if they had encountered it in the family bathtub. (Kellerman, 1981, p. 31)

The second phase deals with assessment. This does not necessarily mean testing but rather getting to know the child from his or her perspective and developing a sense of how the child views the world and his or her place in it. Specifically, the counselor needs to have a clear picture of the child's sense of control, self-worth, and security. It may be that a given fear arises out of a specific situation related to personal disaster in which the child feels vulnerable to a specific fear object. In such a situation, the counselor may move on to the third phase and focus on the child's relationship with the fear object. On the other hand, the counselor may find that the child's fears are many and varied and arise from a lack of security. The child may have had little opportunity to act on the world and may feel at the mercy of things in the environment rather than able to exert control over the environment. The child may view himself or herself as vulnerable and failure expectant, assuming defeat in the face of life's threats. In such situations, the counselor will proceed to phase three with a different approach.

In phase three, the counselor is concerned with generating and implementing a plan of action to assist the child. For fear-specific situations the

Stage I: Exploration	Stage II: Assessment	Stage III: Intervention	Stage IV: Evaluation
Allows child to openly explore feelings, thoughts, and behavior regarding self in relation to fear objects(s)	Helps child define the fear in relationship to trauma or disaster and/or current sense of security, self-worth, and/or control	Helps the child take appropriate action to deal with fear object(s)	Helps the child assess current relationship of self in relation to fear object(s)
Counselor Seeks To:			
Establish an atmosphere of trust and open communication Validate the child's perceptions as real and appropriate at the current level of experiencing and understanding Provide an opportunity for catharsis	Help the child recognize reactions to traumatic event or disaster Help the child recognize sense of security, self-worth, control Gently guide the child toward recognition of relationship of self with fear object(s)	Help the child develop specific strategies in coping with fear object(s) and/or Help the child increase sense of security and/or Help the child increase sense of self-worth and/or Help the child increase sense of control	Validate child's ability to cope with fear object(s) Validate child's sense of security, self-worth, and/or control
Techniques Used:			
Empathic listening and responding Appropriate self-disclosure Bibliocounseling Mutual storytelling Affection Play, art, storytelling, and so forth	Continued empathic responding Added specificity in responding Role play Role reversal Play, art, storytelling, and so forth	Relaxation training Systematic desensitization Guided imagery Interpersonal communication skills training Decision-making, problem-solving skills Life skills training group Creating success experiences Bibliocounseling Encouragement	Role play Role rehearsal Role reversal Direct observation Indirect observation Self-report
Procedural Goal:			
Self-exploration	Self-understanding	Action directed toward dealing with fear object(s) or increasing sense of security, self-worth, control	Evaluation of interaction scheme

Figure 3
Model for Counseling the Fearful Child

counselor and child may implement a number of options including systematic desensitization, implosive therapy, flooding, cognitive restructuring, cognitive self-control, bibliotherapy, relaxation training, and so forth. Such strategies may be employed individually or in appropriate combination to help the child develop ways to cope with the fear object. If the fear object is a result of a lack of transference of the skills the child already has for coping or is a result of a particular encounter, specifically focused intervention may prove successful. If the child's fears arise from a lack of control, self-worth, and security, such approaches may help temporarily with the specific situation, but the fears may be manifested again in a different situation or behavior. In such cases, the counselor may proceed with some of the preceding strategies but will also want to help the child develop a general sense of control, self-worth, and security. Strategies the counselor may wish to employ here might include decision making, problem-solving skills, increasing success experience, interpersonal communication skills training, assertiveness training, and so forth. The counselor may work directly with the child in individual or group counseling but should also consider parent and teacher consultation. Including consultation strategies with parents and teachers increases the likelihood of success (Cobb & Richards, 1983). Consultation might focus both on helping parents and teachers understand childhood fear and on home and classroom strategies to help the child develop a better sense of control, self-worth, and security.

Evaluation

In the last phase the counselor must assess the impact of the counseling strategies in helping the child deal with fear objects. If the counselor employs a direct strategy such as systematic desensitization only to find that one fear object is quickly replaced by another, the counselor may wish to look only at the child's sense of control, self-worth, or security to determine if intervention in one or more areas underlying the child's sense of power would be an appropriate focus.

For children who have a positive sense of power, strategies focusing on directly reducing the impact of the fear object may take a shorter period before results are noted than in the case where the child's sense of power is not strong. Although intervention directed at the concepts of control, self-worth, and security may take longer to show results, the long-term effects of helping children establish a sense of power in their lives will not only help with overcoming fear-related problems but also may generalize to other areas of personal functioning.

Conclusion

Although many childhood fears are a part of the normal development of children and are transitory in nature, the school counselor's goal of helping all children develop their potential requires the counselor to assist children, directly or indirectly, through work with parents and teachers, and to help them master the areas of their development that ease a smooth and optimal passage through the fears of childhood. To address this need, the model presented here provides the counselor with a framework that is appropriate for prevention at all levels of the continuum from developmental activities to helping children who are experiencing fear-related problems. The model implies that no single theory has reached a level of preeminence for exploring the development or treatment of fear-related problems; thus, an eclectic approach is suggested, but a scheme is offered that is systematic in nature and can be subjected to systematic research to test the usefulness of the model. The model is built on the work of previous research and theory development.

Fear-related problems are a major mental health concern. Issues that are only now beginning to become apparent may increase the problem. Recently one child came home from school in tears, shaking and trembling. "What's wrong?" asked the child's mother. "I'm scared." came the reply. "We had a talk on AIDS today. They said that 1 in 30 people will have AIDS by the time I graduate from high school. That means some of my friends might die!"

Some curricula may actually frighten children into fear-related problems; for example, AIDS awareness sessions, stranger-danger programs, and sexual abuse seminars may inadvertently cause undue fear.

Counselors need to increase their skills and knowledge about children's fears and develop a model that guides them in their counseling and consultation activities. This model is offered with the hope that it may generate research activities and be useful for counselors in helping the child defeat that monster lying in wait under the bed or out there somewhere in the world.

References

Banhart, C. P., & Banhart, B. B. (1983). The use of song lyrics to alleviate a child's fears. *Child and Family Behavior Therapy, 4*, 81–83.

Barnett, L. A. (1984). Young children's resolution of distress through play. *Journal of Child Psychology and Psychiatry, 25*, 477–483.

Bauer, D. H. (1976). An exploratory study of the developmental changes in children's fears. *Journal of Child Psychiatry, 17*, 69–74.

Cobb, H. C., & Richards, H. C. (1983). Efficacy of counseling services in decreasing behavior problems of elementary school children. *Elementary School Guidance and Counseling, 17*, 180–187.

Croake, J., & Knox, F. (1971). A second look at adolescent fears. *Adolescence, 6*, 279–284.

Figley, C. R., & McCubbin, H. I. (Eds.). (1983). *Stress and the family: Vol. 2. Coping with catastrophe*. New York: Brunner/Mazel.

Geer, J. H., & Tuteltaub, A. (1967). Fear reduction following observation of a model. *Journal of Personality and Social Psychology, 6*, 327–331.

Hall, G. S. (1897). A study of fears. *American Journal of Psychology, 8*, 147-249.

Hatzenbuehler, L. C., & Schroder, H. E. (1978). Desensitization procedures in treatment of childhood disorders. *Psychological Bulletin, 85*, 831–844.

Holmes, F. B. (1936). An experimental investigation of a method of overcoming children's fears. *Child Development, 7*, 6–30.

Honig, A. S. (1986). Stress and coping in children. *Young Children*, 50-63.

Jersild, A., & Holmes, F. (1935). A study of children's fears. *Journal of Experimental Education, 2*, 109–118.

Jersild, A. T., Markey, F. U., & Jersild, C. L. (1933). *Children's fears, dreams, wishes, daydreams, likes, dislikes, pleasant and unpleasant memories*. Child Development Monograph, 12.

Jones, M. C. (1924). Elimination of children's fears. *Journal of Experimental Psychology, 1*, 382–390.

Jones, H. E., & Jones. M. C. (1928). Fear. *Childhood Education, 5*, 136–143.

Kagan, J. (1986). *Childhood development: A longitudinal study*. Paper presented at the University of South Carolina, Columbia. SC.

Kaufer, F. H., Karoly, P., & Newman, A. (1973). Reduction of children's fear of the dark by competence related and situational threat-related verbal cues. *Journal of Consulting and Clinical Psychology, 43*, 251–258.

Kellerman, J. (1981). *Helping the fearful child*. New York: Norton.

Maurer, A. (1965). What children fear. *Journal of Genetic Psychology, 10*, 265–277 .

Miller, L. C., Barrett, C. I., Hampe, E., & Noble, H. (1972). Comparison of reciprocal inhibition, psychotherapy and waiting list control for phobic children. *Journal of Abnormal Psychology, 79*, 269–279.

Morris, R. J., & Kratochwill, T. R. (1983). Treating children's fears and phobias: A behavioral approach. New York: Pergamon.

Ongoa, E. R. (1979). The effects of bibliotherapy through listening in reducing fears of young children. Unpublished doctoral dissertation, Ball State University, Muncie, IN.

Rachman, S. (1978). *Fear and courage*. San Francisco: Freeman.

Robinson, E. H., Robinson, S., & Whetsell, M. (1988). The study of children's fears. *Journal of Humanistic Education and Development, 27*, 84–95.

Robinson, E., Robinson, S. L., Whetsell, M. V., & Weber, A. (1986, April). *Fear: A developmental perspective*. Paper presented to the American Association for Counseling and Development, Los Angeles.

Robinson, E. H., Rotter, J., Vogel, K., & Fey, M. A. (1988). *Helping children cope with fear and stress: An activity guide*. Nairobi, Kenya: Association of International Schools in Africa.

Rotter. J., & Robinson, E. H. (1987). Coping with fear and stress: Classroom intervention. *International Quarterly, 5*(4), 39–45.

Sarafino, E. P. (1986). *The fears of childhood: A guide to recognizing and reducing fearful states in children.* New York: Human Sciences Press.

Sartory. G., Rachman, S., & Grey, S. J. (1982). Return of fear: The role of rehearsal. *Journal of Behavioral Research and Therapy, 20,* 123–134.

Schachter, R. (1988). *When your child is afraid.* New York: Simon & Schuster.

Terr, I. C. (1981). Trauma: Aftermath: The young hostages of Chowchilla. *Psychology Today, 15*(4), 29–30.

Trautman, D. H. (1987). When disaster strikes. *International Quarterly, 5*(4), 46–48.

United States Department of State. (1986). Managing children during a crisis. Washington, DC: Author.

Wolman, B. B. (1978). *Children's fears.* New York: Grosset & Dunlap.

Edward H. Robinson III is a professor in the Department of Educational Psychology at the University of South Carolina in Columbia.

Joseph C. Rotter is a professor in and chairperson of the Department of Educational Psychology at the University of South Carolina in Columbia.

Mary Ann Fey is a counselor at St. Joseph's Elementary School in Columbia, South Carolina.

Sandra L. Robinson is an associate professor in the Department of Teacher Education and Instruction at the University of South Carolina in Columbia.

This article originally appeared in the journal *The School Counselor* and is reprinted with the permission of the American Association for Counseling and Development.

Children and Crises: A Developmental Guidance Approach

John Allan and Eileen Anderson

A recent report in the *Guidepost* (Schappi, 1985) on elementary school counseling indicated a tremendous upswing of problems and crises facing the elementary school-aged child. From the perspective of the field, this has been our experience too over the past fifteen years. However, to a certain extent crises are inevitable and we will all experience them throughout our lives.

In response to a crisis a child can react with adaptive and/or maladaptive behaviors, both of which can have important implications for long-term functioning. Ideally, we need to train children ahead of time for crisis events and provide them with a set of coping skills. These might include: (a) an understanding of what constitutes a crisis event, (b) an awareness of the types of feelings and thoughts that become activated by crisis, (c) the change in feeling and thought that occurs over time and with help, and (d) the type of coping strategies and behaviors that help in a time of crisis.

This paper describes our guidance project that sought to help children develop the above skills.

Literature Review

Contemporary crisis theory stems from the work of Caplan (1964) and Lindemann (1979) who worked together and formulated a model for the prevention and treatment of crisis reactions. They emphasized a preventive thrust and put this into practice by opening the first Community Mental Health Clinic in the United States. Caplan worked originally with refugee children from World War II and Lindemann counseled survivors and families of the bereaved from the 1944 Coconut Grove Night Club fire. Lindemann noticed two major patterns to this catastrophe: One pattern led to restoration of normal emotional functioning and the other to the development of symptoms and impaired functioning. These findings led to an interest in understanding what conditions facilitate recovery from a crisis event.

Definitions. Crisis is usually defined as a variant of stress which is so severe that the individual becomes disorganized and is unable to function effectively (Janosik, 1983). Crisis is a subjectively perceived event which threatens individual needs or meaningful experiences. Crisis reactions often become a cycle of mounting tension, anxiety, and ineffective coping. The ability to think, plan and act becomes impaired (Caplan, 1964).

Lindemann (1979) emphasized the "hazardous" qualities of the event. He saw a hazardous quality as a sudden change in the social field within which a person exists. This would include social relationships and an individual's expectation of him or herself.

Crises often fall into two major categories: (a) **developmental crises** which are universal and are often experienced while negotiating developmental

tasks, and (b) **situational crises** such as injury, disaster or human action beyond one's own control (i.e., death, divorce, illness). A person's reaction to a developmental or situational crisis will reflect his or her past experience, personality and problem-solving skills. A critical ingredient here is a person's vulnerability to stress.

In order to determine how a person or child responds to stress, Critchley (1981) suggests one must look at the interaction between risk events and vulnerability factors. By vulnerability he is referring to hereditary and congenital factors which either increase or decrease a child's susceptibility to psychological and environmental stressors. He records that low risk coupled with high vulnerability led to maladaptive patterns of behavior while high risk coupled with low vulnerability led to a surprising absence of disorders. Sandler (1980) found that mediating environmental influences (such as the presence of two healthy parents and older siblings) played a critically important role in successful resolution.

Types of Crises Affecting Children

In an extensive study using the Stress Inventory Test, Sandler and Ramsay (1980) found that Loss Events (such as death of a parent, sibling, friend and divorce and separation) were the main eliciters of crisis reactions in children followed by Family Troubles (abuse, neglect, and economic reversals such as loss of job). Lower down on the scale were Primary Environmental Change (moving, new school, or mother begins work), Sibling Difficulties, Physical Harm (illness, accidents, and violence) and Disasters (fire, floods, earthquakes).

Saunders (1984) has noted that children in a crisis or under constant and extreme stress tend to have pervasive feelings of anxiety, confusion, failure and entrapment. They are frequently sick, largely isolated, unable to concentrate, non-communicative and often use the phrase "I don't know." They also have an uncooperative attitude, are generally negative, defensive and easily angered and unable to see the resources in others.

We have noted a similar pattern of reaction in children in acute crisis to that observed by Kubler-Ross (1969) in response to loss. This involves:

1. Shock and denial.
2. Emergence of intense feelings of grief and anger.
3. Bargaining.
4. Depression and hopelessness.
5. Reduction of intense affect, sometimes accompanied by a sense of resolution and recovery or a sense of detachment and withdrawal from social interaction.

Children do not go through these patterns or stages in a consistent way. Rather they tend to rapidly cycle in or out of the first four levels: one minute denying, the next weeping, then bargaining and so on. The shock or denial stage is often hard for teachers and parents to understand or to relate to positively because it seems the child actively resists their attempts to help. This phase of shock and denial has important protective functions for the child's fragile ego, seeking to protect the child from overwhelming emotions. At this stage the parent or teacher needs to focus on relationship building and empathy.

Method

Using a class discussion format proposed by Allan and Nairne (1984) we devised a discussion on the topic of "Children and Crises." The discussion consisted of six main phases spread over three 40-minute lessons. The first lesson consisted of introductory and exploratory stimulus questions. The students were asked their meanings for the word "crisis" and to describe the kinds of crises that affect children. The lesson ended with a drawing activity depicting a crisis experience that affected a child or children.

In the second lesson, the students were asked to write a story about a crisis situation that happened to them or to someone they knew or heard about. Following this, those who wanted to could read their story or show their picture to the class.

The third lesson focused on understanding and actions. Stimulus questions were asked about how children feel in a crisis situation and what they think about both during a crisis and six months later. They then identified what helps a child in a crisis, what helped them, how they might help others and how parents and teachers can help. Finally, the counselor summarized the main points of the discussions and asked the children what they learned.

We ran the project in two Grade 2 classes, two Grade 5 and two Grade 8 classes. The primary classes focused more on the drawing activity while the Grade 8's did the writing activity rather than the drawing. Grade 5 did both activities. (See Appendix A for a copy of the discussion format.)

Results

The discussions were very well received by students and teachers alike. The topic held everybody's attention, there was considerable self-disclosure and a movement, at the end, toward resolution and closure when students were asked to identify actions that help in a time of crises. There was much disclosure of painful experiences but little evidence of a child being overwhelmed. The genuineness of the material shared seemed to activate support and caring from most of the students.

The findings from each level of discussion will now be given using examples of the children's responses.

Meaning of the Word "Crisis"

The word was written on the board and various meanings listed by the brainstorming process. From the listings, the class worked toward a composite definition. For the Grade 2's a crisis was "Trouble, a bad time, a bad problem"; for the Grade 5's, "When something happens that's a matter of life and death, something that really upsets you"; and for the Grade 8's, "An unexpected big problem, without a quick solution, causing great embarrassment, pain and a change of behavior."

Crisis Events That Affect Children

During the brainstorming, all classes readily filled the chalkboard with 30–40 crisis events that happen to children. Following this they were asked to prioritize the three "biggest crises that happen to children." There was considerable developmental variation here. Grade 2's listed accidents, loosing a friend or a pet and illness. Teachers of these children, however, listed divorce, death and fighting at home. Grade 5's highlighted death, divorce and fighting with friends, while Grade 8's listed school expectations, family problems and peer pressures well above all other crises.

Writing and Drawing Activities

These activities tended to elicit far deeper expression of feeling and more painful self-disclosure than the verbal discussions of crisis events. Also, the more introverted children seemed to find it easier to read their story or show their picture to the class than to just stand up and talk. Some common themes will now be identified.

Accidents

This was very common with the younger children and frequent mention was made of physical pain, cuts, bruises, broken legs, and visits to doctors and dentists. The drawings tended to indicate either the presence or absence of a helping adult. Teachers noted that children who did not have caring parents tended to leave out adult figures from their drawings or stories. One lonely girl drew a sad figure of herself with a broken leg and commented:

> This is when I fell off a trolley, broke my leg and I had to spend the rest of summer just sitting there, not doing anything. I couldn't run around or anything. It was sunny and I just had to stay home. I was feeling pretty bad because all my other friends were out there playing. And then when I went back to school, everybody started kicking my leg to see if it hurt. But it hurt me more than it hurt them cause they kicked my toes.

Moving

This situation was frequently mentioned and activated hurt feelings around leaving friends, grandparents, pets and a favorite or special house. Often anger at parents was mentioned as was fear of going to a new school. Once new friends were found the pain seemed to diminish. One 7-year old girl wrote:

> I had to move from my very best friend. I felt very bad. I cried for a whole week. I told my mom I wanted to move back. She said we couldn't. I felt better after a week because I had her phone number so I could talk to her.

Illness

By illness students were referring to severe illness and emergencies that led to hospitalization. These stories and drawings were all very personal and often had a sense of urgency about them ("My mum came rushing to the bus stop") and a sense of dawning awareness of the reality of severe illness. A Grade 5 boy wrote:

> One day I heard that my oldest brother was in hospital. It was during the summer so we couldn't go on our summer vacation. The crisis that my brother had was cancer. A few days later when my parents came home from the hospital and my mom was crying because my brother could hardly breath. And that's how he almost died. Now my brother is living and he's working with my third oldest brother. It was a real shock to me. I'm glad he's not dead and that he's living.

Death

The teachers were surprised by both the number of death experiences children reported and how readily children talked about them. They were aware of how close to the surface the feelings still were even though the event may have been some years previously. One boy wrote:

> A crisis is when my cat, Shalimar, was run over by a train. A crisis is when something bad happens and when my cat, Bonnie died too. I felt bad. I still feel bad.

A Grade 5 student when commenting on the death of a relative's baby said: "My aunt told us not to talk about it. That was a crisis for us." Many of the stories centered on pets.

> One morning in the summer vacation, I woke up and went downstairs to eat my breakfast. After I got half way through my breakfast, my mom and dad told me that my dog had died, I pushed away my cereal. I thought my mom and dad were joking. My mom said, "I wish I was." I started to cry, my sister did too. I ran into the bathroom and took a kleenex. I tried to stop crying but I could not stop. My mom gave me a hug and tried to cheer me up but it would not work. They told me how she died, she got hit by a car that night. I thought and thought about her. I cried a lot too. All that week I thought about her. We had a talk with my mom and dad. We decided that we would get two more cats. Me and my sister said, "yes', so about a month later we got two cats.

School

Teachers were surprised by the number of students who found school to be a major source of crisis. This was not mentioned by the Grade 2's, only a few Grade 5's but many Grade 8's. The comments centered around failure and embarrassment: "Getting a 0 on a test," "Trying to learn something new," "Doing your homework causes a crisis involving your mum and teacher." However, when the students wrote about school they tended to focus on issues with friends, especially peer pressure.

Peer Pressure

These stories reflected topics and issues that students would seldom verbalize in the class discussion. They mostly all centered around quasi-illicit activities such as smoking, drugs, alcohol, stealing, shop lifting, sexual contact, running away and huge fights with parents. Many of these crisis stories followed a similar theme: a common issue is revealed, then a much deeper struggle, followed by a release

of intense feeling (often hurt and anger at parents) ending with a resolution whereby the adolescents are able to change their frame of reference from self to an understanding of others. Somehow the process of writing allowed for a cognitive movement. The following is a typical good example of this development by a Grade 8 girl.

> A friend brought a smoke to school and offered me a drag. I said no right away. I considered it all day. It seemed so harmless so I said I would have just one drag. Once I did, I kept wanting more. We'd skip out lunch and go back in some bushes to smoke. A Grade 12 kid came with us sometimes. He always wanted to touch you in private places but I didn't want him to. Since he knew where we went at lunch, he'd come all the time. He'd even take his clothes off and want us to touch him. I didn't want to hang around these people anymore so I quit smoking and stayed with my real friends. I wrote about smoking in my diary and my mom saw it. I was really upset. I told here that I had quit a week or so earlier and I wasn't hanging around with that girl anymore. Of course she told my dad. They treated me like an outsider and never trusted me. My dad always said cruel things to me that were totally unnecessary and made rude jokes. I got so mad at times that I didn't want to live anymore. I considered running away and killing myself. I didn't though because I knew even if they didn't act like it, my parents loved me and would be more hurt. I realize now how they must have felt and I never want to hurt them again.

Family Issues

As can be expected, this was a major source of crises for some students. They drew and wrote about being overwhelmed by hurt and angry feelings, by being shouted at, put down and physically abused. Uppermost was the pain over separation and divorce. One Grade 2 girl said, "Everything has been ruined and can never be mended." Another Grade 2 commented, "Every single day is a crisis because no one at home likes me except my mother's help. Whenever I try to ask a question my dad just yells, "Stay out of it." Teachers became aware that in conflictual home situations, seldom did the parents take time to listen to the concerns and worries of the children and that allowing the children to talk in class helped the children feel better and relieved. Teachers were surprised by how many children tended to blame themselves for their parents' difficulties. One Grade 8 girl wrote:

> I was so afraid when my parents decided to get a divorce. I thought it was all my fault. My mother kept telling me it wasn't but still I thought I could have done something that would make them not want to be together anymore. Maybe because I was born. The other night, I heard them having an argument because I didn't clear the table well. That's what I thought. My mother said she didn't want me with her, neither did my dad. I thought of running away but knew it wouldn't help. I had to talk to them and ask them why they were getting a divorce. That evening I talked to them and they said it's because they didn't love each other anymore but they still loved me and wanted me to live with each of them. I finally realized it was not my fault.

Violence

Children of all ages were concerned about the violence in the world around them. Certainly a lot of this was derived from what they saw on television or heard about in the news. There were two main categories here: physical violence as in beatings, murder and child sexual abuse and fear of nuclear holocaust. A Grade 4 boy wrote:

> Yesterday on a show I saw a man who was telling everybody how he murdered 3 girls ages of 8, 10, 12. In his apartments he had lots of girls clothing, pictures, and other things of girls. The girls parents were on television. The mother was trying to explain how her daughter was kidnapped but she couldn't because she was crying. She kept saying she wanted to kill that man. This is a true story. The end.

A Grade 8 boy drew a nuclear bomb exploding and wrote, "A crisis is what we are doing to our planet earth, cities burning, pain and war. I am scared. I want it to stop but I can't do anything."

Understanding Phase

Once the stories and drawings have been shared, the counselor shifts the focus to helping the students identify the various feelings experienced during a crisis. Once again the board is used for brainstorming and prioritizing. There was much similarity between all groups here in the basic feelings of mad, sad, bad, scared and worried though the older students added more sophisticated words: depressed, nervous, miserable, hysterical, shocked, stunned, desperate, suicidal, frustrated, disappointed, ashamed, embarrassed, guilt and confusion.

Young children's thoughts during a crisis tended to be such action steps as calling for help, running away, praying, playing with toys and trying to forget. Older children talked more deeply about their inner experience and self-blame: "Am I going to die?" The fear of the future "Will this ever end?" "Everything is going wrong!" "More bad experiences will come." "Why is this happening to me?" "What did I do to cause this?" "It's all my fault." "You blame yourself."

Six months after a crisis younger children report feeling "happy or glad" while older children report feeling relieved but still thinking about it every now and again: "I was sad for over a year when my parents got divorced." "I still think about the whole thing and feel if I'd done this or that." "Every now and again I think about him" (a friend who was killed). "I feel stupid that I didn't listen to my mum." These and other similar thoughts indicated that there was still a lot of "unfinished psychological business" around.

Action Phase

Discussions during this phase changed the mood of the classes to that of excitement over a positive challenge. At first, in response to the question, "What helps you in a time of crisis?" the students were both surprised and stunned as if nothing would help. However, once they started talking, they generated many action steps. Most of these involved talking to parents, teachers, counselors and friends, calling help lines and such actions as punching a pillow, crying, writing in journals, talking to pets, relaxing oneself, and praying to God. The Grade 8's also relied on talking to parents, counselors and friends but also emphasized their own thinking abilities: "Think your problem over sensibly and try to find the best solution." "Finding out the real problem." "Think about what will happen afterwards." "Consider options: What happens if I do this...or this?" and "Make a decision for yourself and see how it works. Then get a second opinion."

Termination Phase

In many ways, this was the highlight of the unit as both students and teachers responded positively to the question, "What did you learn from these discussions?" Students reported, "Nearly all of us have had a crisis." "I'm not alone, not the only one." "It's good to talk about these things in class and learn from the other kids." "I learned that a crisis is a time that will pass and you will feel better." "I learned that it is important to care about another person because although they might look strong, inside they might be hurting."

Teachers, in a separate meeting outside of class time, mentioned how surprised they were that students opened up so much about emergencies that were happening with friends and in their families. They also commented on the degree of accuracy with which the students understood the feelings of a person in crisis. Teachers felt that the students' feelings were very close to the surface and that the discussions seemed beneficial for class climate and peer relations. The discussions enabled them to get to know more of the children better in a short period of time. It was the first time many children had ever really opened up and shared painful experiences. They thought that the children benefitted greatly from the discussions and were able to see crises in a broader context; namely, that other children have crises and handle their feelings in a similar way to them. Finally, the discussions enabled the teachers to identify students who needed and could benefit from one-to-one counseling.

At the end of the guidance unit the counselor summarized the main points. For example:

> In this class, crises were defined as.... The main crises events affecting children were.... In

response to crises, students felt shock, pain... and thought.... In a time of crisis it helped children to talk with parents, teachers, friends and counselors and with time and effective help, the pain of a crisis seemed to move away.

Conclusions

Every school and teacher will have to deal with children in crisis. It is important that schools develop a policy on how to help such children and train their teachers in the necessary theoretical understandings of crisis events and the basic communication skills required to help children in times of crisis. Children need: (a) a caring relationship, (b) support and empathic understanding, (c) structure and (d) appropriate information. The teacher needs to: (a) assess the condition of the child and the nature and severity of the crisis and (b) determine whether or not a referral is needed. Group guidance discussions on crisis help students talk out their experiences, realize they are not alone, develop an understanding of crisis events and learn the value of asking for help.

References

Allan, J., & Nairene, J. (1984). *Class discussions in the elementary school for teachers and counsellors*. Toronto: Guidance Center.

Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.

Critchley, D. (1981). Anthony's risk-vulnerability model. *Perspectives in Psychiatric Care, 29*, 145–147.

Janosik, E. (1983). *Crisis counseling: A contemporary approach*. Belmont, CA: Wadsworth.

Kubler-Ross, E. (1969). *On death and dying*. New York: MacMillan.

Lindemann, E. (1979). *Beyond grief: Studies in crises intervention*. New York: Jason Aronson.

Sandler, I. R. (1980). Social support resources, stress and maladjustment of poor children. *American Journal of Community Psychology, 8*, 41–52.

Sandler, I. R., & Ramsay, T. B. (1980). Dimensional analysis of children's stressful life events. *American Journal of Community Psychology, 8*, 285–302.

Saunders, A. (1984, May). Stress: What makes kids vulnerable. *Instructor*, 28–32.

Schappi, A. C. (1985, September 5). Counselors shape students' outlook in grade school. *Guidepost, 28*, pp. 1, 5.

Appendix A

1. **Introduction**

   Today we are going to talk about crisis—what the word means and what types of crises children experience. We'll have a chance to write and draw pictures about crises and later we'll look at ways to help children who are in a state of crisis.

   a. What does the word "crisis" mean? Let us list the meanings on the board.
   b. What experiences or situations might make for a crisis (list on board)?

2. **Exploration**

   a. What kinds of crises affect children? (List on board.)
   b. Can you tell us about some of the crises you or children you have known have experienced?

   Activity I

   Can you draw a picture of a crisis situation? Imagine a crisis scene—one that happened to you or one that you heard about. Close your eyes for a moment and let your mind drift back...what do you see and what do you hear? Try to get the full picture.... Now open your eyes and start the drawing.

   Activity II

   Can you write a story about a crisis you have experienced? What led up to the crisis; what was the crisis and what happened later? What did you see or hear about? If a crisis has not happened to you, you can write about one you heard of or

saw on TV or in a movie. Remember, it must have to do with children.

Sharing the Story and the Picture

I would like to hear from you now. Will some of you share your story and picture with us?

3. **Understanding**

   a. How do children feel when they are in a state of crisis? (List on board.)
   b. What do children think about when in a crisis? (List.)
   c. What do you think are the strongest thoughts or feelings?
   d. Is it hard to help a child in a state of crisis?
   e. How might a child think or feel six months after a crisis?

4. **Action Steps**

   a. Let's list the activities that might help a child who is experiencing a crisis.
   b. When you have been in a state of crisis, what helped you? (List.)
   c. If your friend is in a state of crisis, what can you do to help?
   d. If someone in this class is in a state of crisis, how can we help him or her?
   e. How can your parents help you?
   f. How can your teachers help you?

5. **Termination**

   What did you learn from these discussions?

John Allan is an Associate Professor of Elementary School Counseling on the Faculty of Education at the University of British Columbia in Vancouver.

Eileen Anderson is a special needs counselor for the Vancouver, British Columbia School Board.

This article is also available in the ERIC system. The ERIC Document Reproduction Service Number is ED 265 448.

11 Tips: Talking With Your Child About War

Elizabeth Crary

"What is war?" "Is Daddy going to fight?" "Why don't they talk it out?" "Will the war come here?" "Will I be drafted?" These are not easy questions. Regardless of our political opinions, our children look to us for emotional guidance.

Talking With Children About War

1. **Reassure young children that they will be loved and taken care of.** Most young children sense when their parents are upset. Reassure them that, "Mommy loves you. I'm upset about something that is happening very far away. It's not your fault that I'm worried."

   Children are also aware of their vulnerability and unaware of distance. Explain that the war is too far away for the bombs and missiles to reach us. People would have to drive days and days to get there.

   Mr. Rogers' puppet, King Friday XII, comforts children when he proclaims, "All children shall be well taken care of in this neighborhood and beyond—in times of war and in times of peace."

2. **Go easy on "positive" promises.** Distinguish between hopes and facts. No one can predict the future. You cannot promise that someone in the war zone will be safe. But you can hope they will be safe, and explain what they are doing to protect themselves.

   When Molly asks, "Will Uncle Bob die?" you can answer, "We hope he will be fine. Most soldiers come back alive."

3. **Accept children's feelings.** Some parents, in an attempt to reassure their child, may cause more distress. For example, "Don't be scared. There is nothing to worry about. I will keep you safe." This answer may cause confusion. If there is *really* nothing to worry about, why are grown-ups so upset? Instead a parent might respond, "Yes, war is scary," and then reassure them that you love them and they will be cared for.

4. **Maintain routines.** It is important with both children and teens to follow their normal routine as much as possible. Sleep and eat at the regular times. Attend school, sports and other activities as you have in the past.

5. **Limit the amount of war news children hear** on radio, TV or in conversations. For most children, and many adults, continuous war news and discussion creates confusion, anger, or fear.

   When children do watch the news, you might ask, "How do you think kids feel about this?" or "I'm wondering what is confusing about this for kids?"

6. **Open avenues for discussion.** Don't wait for your child to ask. If children think you don't want to talk about "it," they won't ask. *Look for the delicate balance* between being willing to discuss events and feelings, and demanding discussion.

   Gentle questions like, "I'm wondering what kids your age think about this war?" will be easier for most kids to answer than, "What do you think?" Many children and teens don't know what they think and others may not be willing to talk about their feelings or ideas yet.

7. **Listen to kids. Do not interrupt.** If your preschooler has a peculiar view of the world—listen. If your teen's opinions differ from yours—listen.

   Reflect their feelings and worries. For example, "Seems like you're worried Uncle Matt may be drafted" or "You're confused. We tell you to use your words instead of fighting, but our country stopped using words and is fighting."

8. **Discuss your feelings** about the situation with your children. They need models for talking about and coping with feelings. For example, "I'm angry about this war. I am upset at solving differences with violence."

   Include the different conflicting feelings you feel. For example, "I'm proud Aunt Patti will help track planes, and I'm scared she will be hurt."

   People who have not had much experience talking about their feelings with kids may find it easier to begin by talking about feelings using books. (See list below.)

9. **Share with children how you cope** with your feelings. Most parents have strong feelings about the war. For example, you might attend a peace rally or march, write a letter, organize a prayer vigil, listen to soothing music, get together with comforting friends, clean out closets, etc.

10. **Talk about war play and physical violence.** Distinguish between what is real and what is pretend. With the increase in war talk, some children want to play war—it is their way of trying to understand what is happening.

    Many people feel children's play helps them deal with the war the way talking helps adults. As long as the play does not disrupt their lives, they believe it is okay.

    Other people are uncomfortable "practicing" violence in any form. They may choose to talk about why people (nations) resort to war and what other options are open.

11. **Help your children find constructive responses to the war.** One way to reduce anger, stress, and anxiety is to *do something* with your feelings. The activity will be more helpful if it has meaning to your child or teen. Brainstorm ideas or use the list below.

    The activities can express your feelings, help one learn more about the situation, help someone else or channel energy into something physical.

    Some possible activities:

    - Attend a peace march, support the troops rally, or prayer vigil with family or friends.
    - Start a journal of feelings or collect poems or drawings about how you feel.
    - Learn and practice negotiation skills. (See Problem Solving Series by Elizabeth Crary.)
    - Plant seeds as hope for the future.
    - Spend time creating peace in your family: read stories together, play family games, watch a family video, look at picture albums, and talk about the fun and feelings pictured.
    - Develop a family structure for resolving conflict peacefully. For example, start a family council.
    - Practice talking about everyday feelings. Read stories and play games that share feelings. (See list below.)
    - Write letters to national and world leaders explaining your position.
    - Organize a bake sale or collect aluminum cans, and give money to the Red Cross.
    - Learn more about the people (countries) involved and write a story or play about how things could have been resolved better.
    - Draw a picture or make a song about how you would like the world to be.

- Get exercise: walking, running, biking, swimming reduce stress levels.
- Make peace with someone you are mad at.
- Collect newspapers from other countries and see their view of what is happening.
- Write letters to relatives or others in the service to tell them you care about them.

A Few Resources

Call your local crisis line, children's or local hospital for information or support.

Feelings activities: Let's Talk About Feelings series: *Nathan's Day at Preschool** and *Ellie's Day,** One Dozen Feeling Games, Ups & Downs with Feelings Game, Paper People Feelings, and Affirmations.

Negotiation and problem solving skills: The Children's Problem Solving Series *(I Want it,* I Want to Play,* I Can't Wait,** and *My Name Is Not Dummy**) and The Decision Is Yours Series *(Finders' Keepers,* Bully on the Bus,** and *Making the Grade**).

*Books $4.95 each, other items' prices vary. Available from Parenting Press, 11065 5th Ave., NE, Seattle, WA 98125, or 1-800-992-6657.

Elizabeth Crary is the publisher of Parenting Press and a parent education coordinator at Washington State Community College in Seattle.

This information is reprinted here with the permission of Parenting Press in Seattle, Washington.

Children and War—Responding to Operation Desert Storm

A Special Handout for Parents

Debby Waddell and Alex Thomas

Background

With the crisis in the Middle East, your child is experiencing something totally new and potentially quite frightening. American children today have never experienced war as a reality. Our children need support in dealing with this crisis.

Also unique is the impact of the media on our children's thinking. They have been exposed to violence—both real and fictional—in unprecedented amounts since they were born. Violence is replayed on television almost as soon as it occurs, and war can be seen on the nightly news.

Today's students also live in the world of Star Wars and super heroes. Adults may realize Luke Skywalker is fiction, but for children this is not so easy. Youngsters have difficulty separating reality and fantasy. Children who believe in Santa Claus can just as easily believe in Darth Vader and Ninja Turtles. Separating the realities of Desert Storm from fantasy may require adult help. As parents, it is our responsibility to help our children distinguish between fantasy and reality.

Emotional Responses

Emotional responses vary in nature and severity from child to child. Nonetheless, there are some common ways children (and adults) feel when their lives are impacted by war.

■ **Fear:** Fear may be the predominant reaction—fear for the safety of those in the military as well as fear for their own safety. Children's picture of war may include a bomb dropped on their home. Their worries may seem unreasonable, but to them, they are quite possible. The threat of terrorism may also add to their fear.

■ **Loss of control:** Military actions are something over which children (and most adults) have no control. Lack of control can be overwhelming and confusing. Children may grasp at any control which they can have.

■ **Anger:** Anger is not an unusual reaction. Unfortunately, anger is often expressed to those with whom the children are most secure. Children may be angry at parents who are in the military to the extent that they do not even want to write letters. Knowing

that those who are involved in the military are volunteers only helps to justify anger. Patriotism and duty are abstract concepts for children, especially younger children, who are experiencing the reality of separation from a loved one.

■ **Loss of stability:** War interrupts the natural order of things. With the lack of stability trust can be destroyed.

■ **Isolation:** Children who have a family member involved in Desert Storm but don't live near a military base may feel isolated. Children of reserve members called to active duty may not know others in the same situation. Such children may feel jealous of friends' undisturbed families and may strike out at signs of normalcy around them.

Another group of children who may feel isolated are dependents of military families who have accompanied a remaining parent back to a hometown or who are staying with relatives while both parents are gone. Not only do these children experience separation from parents, but they also experience the loss of familiar faces and surroundings.

What Can I do as a Parent?

■ Acknowledge your children's feelings.

■ Knowing what to say is often difficult. When no other words come to mind, a hug and saying "This is really hard for you/us" may work.

■ Try to recognize the feelings underlying your children's actions and put them into words. Saying something like, "I can see you are feeling really scared about this," or "It makes us mad to think that our dad had to go to Saudi Arabia," can be helpful.

■ Children may have an overwhelming fear that they are unable to put into words which you may need to voice for them. For instance, if a parent is away, children may wonder what will become of them if the parent does not return. Try saying, "You never have to worry because we/you will be well taken care of. You won't be alone. Let me tell you our plan...."

■ At times when your children are most upset, don't deny the seriousness of the situation. Saying to children, "Don't cry, everything will be okay," does not reflect how the child feels and does not make them feel better. Nevertheless, don't forget to express hope and faith that things will be all right.

■ Older children in particular may need help identifying what they individually believe about war and the role the United States has chosen in this conflict. Questions such as "Could my parent shoot someone?" and "How can anyone kill an Iraqi soldier who is only 12–13—no older than I?" are issues which may need discussion.

■ Help your children put their fears in perspective.

■ Acknowledge the sanctity of each human life while letting children know that the chance of any one individual returning from the Middle East is very high. Death rates in U.S. conflicts have steadily dropped from the time of the Revolutionary War to a low of 0.5% in the Vietnam War. With increases in technology and medical advances, military statistics suggest a potential loss ratio of 0.3% from battle and 0.1% from other causes in the Middle East.

Help students to feel personally safe. One of these techniques may help:

■ **Technology vs. science fiction:** Discuss what is real. Help children to understand that the longest range missile that Iraq has can reach Israel, but cannot reach the United States. Discuss how far Iraqi war planes can fly without refueling (about 1,000 miles) and the difficulty of refueling anywhere between Iraq and the United States. Let children share their fears and put them in perspective as to what is real.

■ **Prevention:** Help children understand that precautions are being taken to prevent terrorism (e.g., bomb sniffing dogs, passport checks, heightened airport security) which might actually make them safer now than they usually are.

■ **Rumors:** Deal with fears about Desert Storm being the beginning of the end of the world, or bombs reaching the local community.

■ **Empower children:** Help children to feel a sense of control by taking actions such as:

- **Contacts:** Send letters, cookies or magazines to those in the military.
- **Helping:** Help your older child find a family who has a parent in the Middle East and arrange some volunteer babysitting time for that family.

If a family member is away, make plans for some special activities:

- Gatherings with other families who are also missing a loved one help provide support for you as well as for your children.
- Special parent and child times can provide an extra sense of security which might be badly needed. Let your child know that you will set aside a particular half hour each day to play. Make the time as pleasant and child-centered as possible. Return phone calls later and make your child the real focus of that special time.
- Involve children in planning how to cope. Control and ownership are fostered when children help to plan strategies for dealing with a situation.

Difficulties with Children at Night

- Maintain regular bedtime routines such as storytime to provide a sense of security. Special stuffed animals or blankets may be especially important right now.
- Sit near your child until he/she falls asleep for a few nights. Gradually withdraw this support until your child feels secure again.
- A light may be needed in your child's room.
- Siblings may want to sleep in the same room until they feel more secure.
- Don't let your children focus too much of their time and energy on Desert Storm. Limit the amount of television news they watch by finding other activities for them. You may also need to watch less news and spend more time in alternative family activities.
- Use outside support services if your child has a severe reaction. Your school psychologist or counselor can assist or provide names of other professionals trained to work with children.
- If family income is reduced due to Desert Storm, try not to let financial strains be a major concern to children. Tell them why you may have to cut back on expenses, but be cautious about placing major burdens on them.
- Take time for yourself and try to deal with your own reactions to the situation as fully as possible. This, too, will help your children.
- Always be honest with your child and do not be afraid to talk to others about your fears and concerns.

Debby Waddell is a psychologist in independent practice in Columbus, Ohio.

Alex Thomas is an Associate Professor of Educational Psychology at Miami University in Oxford, Ohio.

The National Association of School Psychologists granted permission to ERIC/CAPS to reproduce this information.

Children and War—Responding to Operation Desert Storm

A Special Handout for Teachers

Debby Waddell and Alex Thomas

Background

Students in the U.S. today have never experienced war as a reality. Although the United States has engaged in some brief military actions, never have our students experienced anything like the events that began with Iraq's invasion of Kuwait and the initiation of Operation Desert Storm.

Also unique to the experience of students of the nineties is the impact of the media on their thinking and feeling. They have been exposed to violence—both real and fictional—in unprecedented amounts. Real violence is replayed on television almost as soon as it occurs.

Today's students also live in the world of Star Wars and super heroes. Luke Skywalker may be quickly relegated to the realm of fiction by adults, but for students this is not so easy. Youngsters have difficulty separating reality and fantasy.

Students who believe in Santa Claus can just as easily believe in Darth Vader and Ninja Turtles. These same students may have difficulty separating the realities of Desert Storm from fantasy.

Almost every American student is likely to have some personal contact with Desert Storm. If a family member is not involved, a friend or a classmate's father, mother, brother or sister may be. All students need the support of caring adults to help them deal with this crisis.

Emotional Responses

Emotional responses vary in nature and severity from student to student. Students' reactions are determined by their previous experiences, their temperament and personality, and the immediacy of the crisis to their own lives. Nonetheless, some commonalities exist in how students (and adults) feel when their lives are impacted by war.

■ **Fear:** Fear may be the predominant reaction of many students—fear for the safety of relatives and friends in the military or fear for their own safety. Students' picture of war may include a bomb being dropped on their home or school. Their worries may seem unreasonable, but to them, they are quite real. The threat of terrorism may be a reason for students to fear for their personal safety, although statistically the chance of any one student being a victim of terrorism is very remote.

■ **Loss of control:** Military actions are something over which students, and most adults, have no control. Feelings of loss of control can be overwhelming. Students may grasp at any control which is available to them.

■ **Anger:** Anger is not an unusual reaction. Unfortunately, anger is often expressed to those with whom the student is most secure. Students may be angry at parents who are away in the military to the extent that they do not want to write letters. Knowing that those who are involved in the military are volunteers only helps to justify that anger. Patriotism and duty are abstract concepts, especially for younger students who are experiencing the reality of separation from a loved one.

■ **Loss of stability:** War interrupts the natural order of things. With the lack of stability trust can be destroyed.

■ **Isolation:** Students who have a family member involved in Desert Storm but do not live on or near a military installation may experience feelings of isolation. If a student's parents are reserve members called to active duty, he or she may be the only one in the school directly impacted. That student may feel jealous of other students and their undisturbed families and may strike out at signs of normalcy around them.

Another group of students who may feel isolated are dependents of military families who have accompanied a remaining parent back to a hometown or who are staying with relatives while both parents are gone. Not only do these students experience separation from parents, but they also experience the loss of friends, teachers, and surroundings with which they were familiar.

What Can I Do as a Teacher?

■ Unless circumstances dictate otherwise, always be honest with students. There is never the absolutely right thing to say or do.

■ Help students put their fears in perspective.

■ Acknowledge the sanctity of each human life while letting students know that the chance of any one individual returning from the Middle East is very high. Death rates in U.S. conflicts have steadily dropped from the time of the Revolutionary War to a low of 0.5% in the Vietnam War. With increases in technology and medical advances, military statisticians suggest a potential loss ratio of 0.3% from battle and 0.1% from other causes in the Middle East.

Help students to feel personally safe. One of these techniques may help:

■ **Human map:** Using proportions from a map, have some students stand where Iraq, Saudi Arabia, and other Middle East countries are; let others represent European countries, and have some represent the United States. Discuss the distances and how long they take to travel. Even high school students may profit from an activity such as this.

■ **Technology vs. science fiction:** Discuss what is real. Help students understand that the longest range land-based missile that Iraq has can reach Israel, it cannot reach the United States. Discuss how far Iraqi war planes can fly without refueling (about 1,000 miles) and the difficulty of refueling anywhere between Iraq and the United States. Let students share their fears and put them in perspective as to what is real.

■ **Prevention:** Help students understand that precautions are being taken to prevent terrorism (e.g., bomb sniffing dogs, passport checks, increased airport security) which might actually make them safer now.

■ **Religion and rumors:** Deal with fears that Desert Storm may be the beginning of the end of the world as some have predicted based on revelations or other religious teachings, or that bombs will reach the local community, which may originate from playground rumors.

■ **Expression of feelings:** Allow students to express feelings in a non-judgmental and supportive environment. For a class that has numerous students directly involved, a special time might be set aside regularly to discuss feelings and issues. For a class with less direct involvement, specific students might need extra time to talk with you or with the school psychologist, school counselor, or school social worker.

You might also put families from your school who are directly impacted by the war in contact with each other.

■ **Clarify values:** Consider initiating discussion on values clarification. Students may need help identifying what they individually believe about war

and the role the United States has chosen in this conflict. Such discussion could include questions such as "Could my parent shoot someone and how do I feel about that?" and "How can anyone shoot an Iraqi soldier who is only 12 years old (or my age)?"

■ **Empower students:** Help students to feel a sense of control by taking actions such as:

- Send letters or cookies to those in the military.
- Initiate a flag flying project where students seek to develop community participation in flying flags until the crisis is resolved.
- Put together a volunteer babysitting network through which older students sit for children of families who have been directly impacted.
- Ask students to think about the men and women in the Middle East prior to the Pledge of Allegiance or involve them in an additional patriotic activity.

■ **Involvement:** Involve students in planning how to cope. Control and ownership are fostered when students help to plan strategies for dealing with a situation. Students often have practical and creative ideas for coping.

■ **Racism:** Be careful not to stereotype or demean the Iraqi people. Children can easily generalize negative statements and develop prejudice.

■ **Isolation/Support:** Pay special attention to students who may feel isolated. If only one student in a class has a parent who is involved, others can make that student feel special for awhile by attending to their feelings and needs. If a student has relocated because of separation from parent(s), set up a network of others to get the new student involved.

■ **Support services:** Identify support services for students and families needing assistance beyond what can be provided in school. Try contacting mental health agencies, human service organizations, local churches and synagogues.

■ **Loss of wages:** Be sensitive to financial strains which war might exacerbate. If a civilian parent is placed on active duty, his/her salary may drop. If many military personnel are deployed from an area, support and service industry jobs may be at risk due to decreased business.

National Association of School Psychologists
8455 Colesville Road, Suite 1000
Silver Spring, Maryland 20910
301-608-0500

Debby Waddell is a psychologist in independent practice in Columbus, Ohio.

Alex Thomas is an Associate Professor of Educational Psychology at Miami University in Oxford, Ohio.

The National Association of School Psychologists granted permission to ERIC/CAPS to reproduce this information.

Responding to Student or Teacher Death: Preplanning Crisis Intervention

James R. Sorensen

Crisis caused by the sudden death of a student or teacher can be averted or diminished via a preplanned team intervention approach. The guidelines and strategies of a field-proven intervention program are described.

People in crisis often experience anxiety, feelings of vulnerability, and difficulty (Lindermann, 1944; Specter & Claiborn, 1973). The sudden death of a student or teacher may produce a crisis for students and faculty alike.

Much has recently been written about response plans to schoolwide crises of this nature (Allan & Anderson, 1986; Hunt, 1987; Pelej, 1987; Stevenson, 1986; Zinner, 1987). This article describes a preplanned crisis intervention approach that has been implemented successfully by the Easton, Massachusetts, public schools.

MEMBERSHIP AND PURPOSE

The 12 members of the Easton crisis team include guidance counselors, school psychologists, and administrators. In combination, these individuals have strong clinical skills, knowledge of how school buildings function, experience with crisis intervention and education in systems thinking.

The simplest procedure to activate the crisis intervention team is a prearranged telephone chain. A call from the building administrator is sufficient to initiate an assessment/intervention meeting.

During this meeting between the administrator and crisis team, the following areas are addressed: the intensity and nature of the building crisis, the emotional needs of students and staff, identification of the high-risk population, parental involvement and contact, and short-term and/or long-term intervention strategies. Following the evaluation of these five areas, a collective decision is made about the intervention strategies to be employed.

Following is a partial list of strategies which the Easton crisis team has employed. Any combination of these intervention strategies or others can be scheduled over 2 or 3 days of building support.

1. The building maintains its regular schedule, but a counseling center (or centers) is set up to help small groups of students cope with the crisis. Students who need help and support or who are too upset to be in class could spend time in these centers.

2. The building's regular schedule is suspended and classes are assigned to large group meetings, where the students can listen and talk with crisis team members or consultants.

3. Crisis team members can lead classroom discussions.

4. Crisis team members speak with faculty at staff meetings about their concerns.

5. A base is established in the building for staff support, as they try to handle their classes during the crisis (wake, funeral, etc.). Refreshments and coffee are helpful.

6. Members of the crisis team cover classes for those teachers who seem especially upset or who need time to recover from the shock of the bad news.

7. Team members help the teachers develop activities for dealing with death and dying in the classroom.

8. Many individuals, students and teachers alike, will be reminded of loved ones they may have lost. Team members can talk with these individuals and help them cope with their revisited grief.

9. Parents of children who need special attention are called for information sharing and/or parental guidance.

10. Crisis team members help the building administrator develop a press release and a strategy for dealing with the media (when necessary).

APPLICATION

An example of this approach is that of the suicide death of a third-grade teacher in the Easton public schools. During the assessment/intervention meeting, the team calculated that the crisis would last for a few days and would extend to the entire school.

Crisis team members employed a number of intervention strategies. Two team members and the principal worked solely with the third grade, providing group discussion, classroom activities, and individual counseling. Other crisis team members handled the phones and contacted specific parents and developed a press release and a letter to all parents. The mini-counseling centers were very busy helping scores of children through the grief and tears. Teacher time-out was provided by the team. In the end the team nurtured the healing process and fostered a return to normalcy.

In the following weeks the administrators, teachers, and even parents expressed appreciation and reported that the intervention process was immensely valuable.

REFERENCES

Allan, J., & Anderson, E. (1986). Children and crisis: A classroom guidance approach. *Elementary School Guidance and Counseling, 21,* 143–149.

Hunt, C. (1987). Step by step: How your school can live through the tragedy of teen suicides. *The American School Board Journal, 174,* 34–37.

Lindermann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101,* 141–148.

Pelej, J. (1987, April). Help your school survive a suicide. *The Executive Educator,* 26–31.

Specter, G., & Claiborn, W. (Eds.). (1973). *Crisis Intervention* (Vol. 2). New York: Behavioral Publications.

Stevenson, R. (1986). How to handle death in the schools. *Tips for Principals,* Reston, VA: National Association of Secondary School Principals.

Zinner, E. (1987). Responding to suicide in schools: A case study in loss intervention and group survivorship. *Journal of Counseling and Development, 65,* 499–501.

James R. Sorensen is a psychologist, Psychological Services Department, Oliver Ames High School, Northeaston, Massachusetts. Correspondence regarding this article should be sent to James R. Sorensen, Psychological Services Dept., Oliver Ames High School, 100 Lothrop St. Northeaston, MA 02356.

This article originally appeared in the *Journal of Counseling and Development* and is reprinted here with the permission of the American Association for Counseling and Development.

The Role of School Counselors With Bereaved Teenagers

With and Without Peer Support Groups

Ross E. Gray

One of the major crises people have to face is the death of a parent. Many retrospective studies have reported an increased likelihood of psychopathology later in life for individuals who have lost a parent during childhood or adolescence (e.g., Beck, Sethi, & Tuthill, 1963; Birtchnell, 1970; Brown, Harris, & Copeland, 1977; Dennehy, 1966). The few studies that have focused on nonclinical populations have shown that problems may be apparent several years after an early loss (Balk, 1983a; Dietrich, 1979; Markusen & Fulton, 1971). Because of the potentially negative consequences of the death of a parent, it is important to consider the influence of factors that could lessen the difficulties of the bereaved child or teenager. One such factor is social support.

Social support has been shown to affect the adaptation of both children and adults to the death of a family member over time (Elizur & Kaffman, 1983; Hilgard, Newman, & Fisk, 1960; Vachon et al., 1980). This relationship between support and adaptation to bereavement also seems to hold true for teenagers. In this study we found that teenagers who scored higher on a measure of social support were significantly less depressed than were those who scored lower on the same measure.

Although it has been shown that social support affects teenagers' adaptation to bereavement, there is still much to be understood about how this support works. Two key questions that need to be addressed are (a) who tends to provide help to bereaved teenagers and (b) how these people are helpful. One purpose of this study was to attempt to illuminate this by reporting the perceptions of bereaved teenagers about the helpfulness of others in their environment.

A second purpose of this study was to consider how school counselors may best provide helpful support to bereaved teenagers. Some literature has already focused on one or more strategies for providing support. Several writers, for example, have discussed how professionals can be helpful through an individual counseling relationship (Atkinson, 1980; Balk, 1983b; Rosenthal, 1980a). There have not, however, been any systematic attempts to evaluate the usefulness of this approach with bereaved teenagers. A second, less direct strategy for dealing with bereavement issues has involved death education courses. The usual focus of such programs has been on altering attitudes toward death. Programs have typically been evaluated by researchers in terms of changes in students' attitudes

toward and anxiety about death (Mueller, 1976; Rosenthal, 1980b). The question of whether this general educational approach benefits individuals who have suffered a major loss has yet to be seriously addressed. A third strategy has been suggested by Balk (1983b), who states that counselors could approach friends of a bereaved teenager and discuss some of the ways they might be helpful. The interesting implication of this strategy is that support from peers would provide help in a more familiar context than would be true for the direct counselor-student relationship. There have been no detailed descriptions of how this strategy might work in practice and no documented attempts to evaluate the helpfulness of this peer-focused intervention.

Another strategy that counselors have used to assist bereaved teenagers is that of peer support groups. Although useful descriptions of such groups have been provided (Baxter, 1982; Furman & Pratt, 1985; Morawetz, 1982), there has been no systematic reporting of feedback from group participants about their experience.

This article presents such feedback, along with a description of a peer support program and a discussion of ways to make programs most effective. Also included is a discussion of general issues facing counselors who would like to help bereaved teenagers. The peer support-group program to be discussed in this article has been operating since 1979 in public secondary schools in Peel County, Ontario, Canada. Baxter (1982) has provided an earlier description of groups that have been run in one of the schools in this system .

Method

Fifty persons were interviewed, all of whom had lost a parent through death during adolescence within the last 5 years. Of the 50 participants, 34 were female and 16 were male adolescents. In 31 instances the father had died, and in 19 instances the mother had died. Cancer was identified as the most frequent cause of death (58%), followed by heart attacks (24%) and accidents (6%). Social class composition was divided fairly evenly between lower, middle, and upper classes. Forty individuals had been born in Canada; the remaining 10 had immigrated from other countries. The mean age of participants at the time of the parent's death was 14.9 years, and the mean time elapsed since the death was 28.6 months.

All but a few of the participants were students at a public secondary school in Peel County at the time of the interview. Other participants were identified through the assistance of the Mississauga Hospital and the Community Contacts for the Widowed, a Toronto program. Half of the participants had been involved in a peer support group for bereaved teenagers at their local secondary school. The remaining participants had attended a school where support groups were not offered. The author sought permission for involvement in the study from the teenagers themselves and from the surviving parent when the teenager was under legal age. Most interviews were conducted at the school of the participant, and where this was not possible, a meeting was arranged either at a local hospital or at the university office of the interviewer.

All participants were given several standardized psychological tests. In addition, a semi-structured interview was conducted in which participants were asked to rate the helpfulness of various people in dealing with their loss. They were also asked to describe how these people had been helpful. Descriptions of helpfulness were scored according to a modified version of Gottlieb's (1978) classification scheme for informal helping behaviors. Those students who had participated in a peer support group were also asked some specific questions about the structure, function, and perceived helpfulness of these groups.

Perceptions of the Helpfulness of Others

The Family

Perceptions of participants varied considerably with regard to the helpfulness of family members in dealing with loss. For example, 34% of teenagers reported that their surviving parent was "very helpful," but 30% rated the parent as "not at all helpful." Of those teenagers who found parents

unhelpful, some reported wishing they had received more support, but others reported that they had been unable or unwilling to accept support that was offered. One of the possible implications of these findings is that counselors may be able to play a role in facilitating family relations following a loss. One aspect of such a potential role might be to encourage parent-teenager communication about the mutual task of mourning. A second aspect might be to discuss with teenagers some of the inevitable difficulties that arise in a family as a result of losing one of its members. For example, several participants commented that it had been helpful to talk with a counselor about problems they were having with the surviving parent or with a new stepparent. Finally, teenagers may become more able to communicate with their parent if they have an opportunity to share some of their own feelings about loss with a counselor.

Peers

Bereaved teenagers in this study most often (40%) reported that the "most helpful person" in dealing with their loss was a peer. This was true for teenagers who were involved in support groups and for those who were not. Despite this finding, many participants reported that only one or two friends had been helpful or that just peers in the support group had been helpful. Frequently, the larger network of peers seemed to withdraw from the bereaved person, leaving him or her feeling socially isolated and abnormal. Teenagers did not want to be treated in a special way by their peers and they wanted to be included in activities as usual. This tended not to be true for close friends who could be confided in or who could provide other kinds of emotionally sustaining support.

Support-group participants in this study were much more likely to report that they felt peers understood them after their loss than did other bereaved teenagers (76% versus 8%). In addition, support-group participants less often reported that peers helped by distracting them from the pain of their loss (16% versus 40%). Perhaps this shows that the kind of support available through groups helped teenagers to overcome the urge to flee the pain that is necessary to resolve the mourning process.

Teachers

Participants reported that their teachers were often unhelpful (42%) or were helpful only in minimal ways. Although it could be expected that teachers would not play a major role in the support of bereaved teenagers, teachers often overlooked opportunities to be helpful. When teachers made simple statements of being sorry or indicated their willingness to talk, bereaved students often experienced these attempts to assist as helpful—as long as they were expressed in private. Participants (34%) said they often regarded teachers as helpful when they were willing to adjust their expectations to allow for the distress of a bereaved student. Such adjustments included spending extra time with a student on academic assignments, rescheduling exams, and extending due dates. Some teachers (22%) provided support that was more emotionally sustaining; this tended to occur when the teacher had been close to the student before the loss or when the teacher was able to talk to the student about his or her own experience(s) of loss.

Many participants described ways in which teachers were not helpful to them. Participants frequently mentioned, for example, that teachers who told students to buckle down and focus on their schoolwork were not helpful. It is unrealistic to expect students who have recently suffered a loss to keep their academic work up to pre-loss standards. It was also considered unhelpful if teachers drew attention to the students, as this only served to embarrass them. A few students reported dealing with teachers who were openly hostile to them after their loss. There is, then, a potential role for counselors in informing teachers about how they can be helpful and in advocating sensitive treatment of students.

Counselors and School Nurses

The perceived helpfulness of school counselors and school nurses was dramatically higher for teenagers who had been in a support group than for those who had not. For example, 68% of teenagers participating in support groups reported that a counselor or nurse had been "emotionally supportive," compared with 24% of those who did not participate in groups.

This does not necessarily mean that one needs to start a peer support group to be helpful. It does mean, however, that without a formal intervention program like the peer support group, some difficulties may arise that may make helpfulness less likely. First, without a formal intervention program, there may be more problems in identifying bereaved persons in the school than there would be with such a program. At several schools contacted for this study, counselors were unable to identify any students who had lost a parent. This improbable situation would suggest that the school's system for detecting and transmitting such important information was inadequate. Counselors cannot offer or give assistance if they do not know about a loss.

Another problem can develop because some counselors tend to focus exclusively on academic difficulties, particularly if a student comes to the counselor's attention because of a sudden drop in grades. Several teenagers interviewed in this study, for example expressed resentment toward counselors who they believed were only worried about their marks and not about them. Although it can be useful to assist students with academic problems, it may also be helpful to allow bereaved teenagers some space in which they can deal with painful emotions. Counselors may be able to provide this space for some teenagers.

It is often difficult to approach bereaved teenagers about their loss. They may be reluctant to talk about it or they may feel embarrassed that they are now viewed as different and in need of help or both. Too often, bereaved teenagers have not accepted open-ended invitations to come and talk because they felt awkward doing so. It would seem more appropriate to find a way to check with a student regularly. If a student does not want to talk about the loss, that is fine, but at least he or she may sense that the counselor cares. With such a strategy, it would, of course, be important to avoid making the student feel stigmatized by involvement with a counselor. In any counseling relationship, it is essential that the normality of mourning be continuously stressed.

Helping professionals often tend to try to find ways to make everything better. Certainly, it is important to do what can be done to relieve unnecessary suffering. Yet, one of the most fundamental aspects of dealing with bereaved people is to allow them to feel pain. This is necessary if they are going to be able to reinvest in life in a healthy way later on. It will be helpful, then, if a counselor is able to accept a student's suffering and let him or her know that it is both acceptable and normal.

The Peer Support Group Program

In this program, bereaved teenagers typically were invited to attend sessions by group leaders and met individually with them to receive information about the group. If the student was under legal age, the parent(s) or legal guardian(s) were informed. All group participants perceived this style of approach to be appropriate. At the initial meetings between students and group leaders, they discussed the importance of confidentiality, and the leaders explained that the group is for mutual support and not for therapy. Of the group participants, 68% later remembered being given this information, and 40% believed that it was important information for them to have. This may suggest that many teenagers do not make meaningful discriminations between the supportive and therapeutic intervention models.

Although the focus of this study was on teenagers who had lost a parent, peer support groups usually have members who have lost others from their immediate or extended families or a close friend or lover. Most students believed it was appropriate to have people in the group with such a wide range of losses. A minority (20%) said that group membership should be limited to those who had lost an immediate family member. More than 90% of the participants believed it would be inappropriate to include students in the group who had lost a parent through divorce rather than through death.

Another factor in organizing groups is size. Several students said they had belonged to large groups and that this had made it difficult for all members to get a chance to express themselves adequately. Estimates of the ideal group size ranged from five to nine.

Because the setting for group meetings is important, leaders attempted to provide a place where the teenagers would be comfortable. Group meetings were held during school hours and at various times

in the different schools in which interviews were conducted. Regardless of which school they attended, 80% of the students said they believed their group was held at the best possible time. This response tendency indicates that there may actually be no best time for group meetings and that teenagers tend to use whatever opportunity they have to discuss loss-related issues.

Typically, in the first group session, participants tell the group the details of who has died and how. The leader encourages all members to take their turn in this process but does not pressure them to do so if they do not feel ready. Although this session is often quite difficult for everyone, 80% of the persons interviewed said they believed it was necessary to begin in this way.

After the first meeting, the content of group discussions has been determined primarily by the participants. Some topics the discussions typically cover are:

1. Feelings of guilt and anger
2. Difficulties in relations with the surviving parent and other family members
3. Memories about and hallucinations of the deceased
4. School problems
5. Difficulties relating to peers following loss
6. Dealing with fears of one's own and others' deaths
7. The funeral and other rituals related to loss

Sometimes, structured exercises may be used to encourage discussion if the group seems stuck. Several exercises that have been used are:

1. Having group members write down questions that they might be too embarrassed to raise in the group themselves; then a leader presents the question for discussion
2. Having group members bring a treasured object related to the deceased to the group
3. Having group members write a letter to the deceased expressing any thoughts or feelings that were left unexpressed at the time of death

Termination of groups was not handled in a uniform way across schools. At some schools, participants went out for dinner or had a small party; at other schools, the group spent the last session reflecting on what had happened over the weeks of meeting together. Regardless of the format of the actual termination meeting, it seems essential that students get an opportunity, at some point, to talk about their inevitable feelings of loss about the group's disbandment. As with the loss of a loved one, the loss of a support group will take a certain amount of adjustment.

The number of weeks over which support groups met varied by school, with a range of approximately 8 to 12 weeks. Twenty-five percent of participants said the groups should have been longer, 17% said they should have been shorter, and the rest indicated they were satisfied with the length of their group. One possible solution to such differing needs would be to give students an option of continuing for three or four sessions after the first eight or nine meetings. This would allow students to have more time if they believed they needed it, and students who felt they had finished could drop out in an acceptable manner.

It is interesting that 40% of the teenagers interviewed said they would have liked some kind of structured, ongoing support after the group ended. Although students were invariably told to drop in and talk with group leaders if they wanted to do so, such contact was too difficult for some teenagers to initiate. It may, therefore, be more useful to structure ongoing contacts with students formally after the group ends—unless they prefer no further contact.

It is important that individuals who lead bereavement support groups be adequately prepared to do so. The most basic requirement is that they be relatively comfortable with the issues of loss and death. In addition, it would be helpful for them to have some training in group process and in bereavement counseling. Such training has been available for leaders of the support groups discussed here. There is also a potential value for counselors in receiving feedback about their interactions with, and understanding of, bereaved students. It is common to develop blind spots in interactions with others or to have difficulties with specific kinds of problems that arise. Meetings between leaders of support groups could allow for mutually beneficial learning experiences. Where possible, regular consultation by group leaders with an outside resource person could also be valuable.

Part of the effectiveness of support groups seems to be related to how well leaders plan for and communicate about the group. It is imperative, then, that bereavement support-group leaders make time to meet between sessions to discuss what is happening in the group and to prepare for upcoming sessions.

When using the peer support group as an intervention, it is important to avoid perceiving this group in isolation from the natural support networks already available to bereaved teenagers. Group leaders should attempt to strengthen these networks whenever possible. In particular, they may be able to find ways to promote good relationships between adolescents and their parents. This must be handled sensitively, because it is important to respect the student's right to privacy. Several teenagers in this study wondered if a separate parents' group might be possible. One person suggested that perhaps the group could make a presentation to parents toward the end of the sessions. These or other strategies might be used to ease communication between the teenagers in the group and their parents regarding the subject of their mutual loss.

The effects of loss can run deep, and these effects may not always be ameliorated by participation in a support group or by any other formal intervention. One relevant finding from this study is that bereaved teenagers—regardless of whether or not they participated in a support group—scored significantly higher on an objective depression inventory than has been reported elsewhere with nonbereaved teenagers. When counselors recognize the limitations of intervention strategies, they may have more compassion for themselves when everything does not go the way they had hoped for students.

Despite the limitations of the support-group intervention described above, there is a strong case to be made for its usefulness. Of those interviewed, 64% stated that their involvement in a peer support group had made a major, positive difference in their lives. Many believed that they were only understood or were only able to really express their grief when they met other students who were going through the same difficulties. Of the remaining students who did not report a major positive effect, almost all said that group participation had been helpful in some way.

Conclusion

Social support has been shown to be one way to modify the long-term effect of the death of a parent. School counselors are in a position to be able to affect the amount and kind of support provided to bereaved teenagers. The peer support group is certainly an interesting way to help teenagers deal with a loss, one that most group participants have experienced as beneficial.

Learning to actively care for those who are suffering is one of those tasks for which there does not seem to be an ultimate endpoint or an easy solution. It is an inherently difficult task, one that is extremely worthy of continued attention and effort.

References

Atkinson, T. L. (1980). Teacher intervention with elementary school children in death-related situations. *Death Education, 4*, 149–162.

Balk, D. (1983a). Effects of sibling death on teenagers. *The Journal of School Health, 53*, 14–18.

Balk, D. (1983b). How teenagers cope with sibling death: Some implications for school counselors. *School Counselor, 31*, 150–158.

Baxter, G. (1982). Bereavement support groups for secondary school students. *School Guidance Worker, 38*, 27–29.

Beck, A. T., Sethi, B. B., & Tuthill, R. W. (1963). Childhood bereavement and adult depression. *Archives of General Psychiatry, 9*, 129–136.

Birtchnell, J. (1970). Early parent death and psychiatric diagnosis. *Social Psychiatry, 7*, 202–210.

Brown, G. W., Harris, T., & Copeland, T. (1977). Depression and loss. *British Journal of Psychiatry, 112*, 1049-1069.

Dennehy, C. (1966). Childhood bereavement and psychiatric illness. *British Journal of Psychiatry, 112*, 1049–1069.

Dietrich, D. R. (1979). *Psychopathology and death fear: A quasi-experimental investigation of the relationships between psychopathology and death*

fear. Unpublished doctoral dissertation, Washington University, St. Louis, MO.

Elizur, E., & Kaffman, M. (1983). Factors influencing the severity of childhood bereavement reactions. *American Journal of Orthopsychiatry, 53,* 668–676.

Furman, J., & Pratt, J. (1985, January-February). *Coping with the ultimate change, death of a family member: A support group for bereaved adolescents.* Paper presented at the Annual Meeting of the National Association of Social Workers, New Orleans, LA.

Gottlieb, B. H. (1978). The development and application of a classification scheme of informal helping behaviors. *Canadian Journal of Behavioral Science, 10,* 105–115.

Hilgard, J. R., Newman, M. F., & Fisk, F. (1960). Strength of adult ego following childhood bereavement. *American Journal of Orthopsychiatry, 30,* 788–798.

Markusen, E., & Fulton, R. (1971). Childhood bereavement and behavior disorders: A critical review. *Omega, 2,* 107–117.

Morawetz, A. (1982). The impact of the death in war of an older sibling: A group experience. In *Series in clinical and community psychology: Stress and anxiety (Vol. 8).* New York: Basic Books.

Mueller, M. L. (1976). Death education and death fear reduction. *Education, 97,* 145–148.

Rosenthal, N. R. (1980a). Children grieve too: The mental health counselor's role. *American Mental Health Counselors Association Journal, 2,* 64–70.

Rosenthal, N. R. (1980b). Adolescent death anxiety: The effect of death education. *Education, 10,* 95–101.

Vachon, M. L. S., Lyall, W. A. L., Rogers, J., Freedman-Leftofsky, K., & Freeman, S. J. J. (1980). A controlled study of self-help intervention for widows. *American Journal of Psychiatry, 137,* 1380–1384.

Ross E. Gray is a member of the Psychology Department at the Sunnybrook Medical Center in Toronto, Ontario, Canada.

This article originally appeared in the journal *The School Counselor* and is reprinted here with permission from the American Association for Counseling and Development.

Parents Away Group

An Ongoing Support Group for Children in Grades K–6 with Deployed Parents

Julie Murphy and Vermelle J. Matthews

The Parents Away Group is an ongoing support group at Laurel Bay Schools designed to help children whose parents are deployed for six weeks or longer to school, on a routine six months squadron rotation, on Permanent Change of Station orders for one year, or are currently deployed to the Middle East.

Groups meet by grade level, with at least one group per grade level, but with no more than ten students per group, so that there may be more than one group per grade level. Groups meet a minimum of every other week for 30 minutes per week.

During orientation at the beginning of the school year, the counselor introduces the idea of the group to all children and determines whose parent is currently deployed and permission letters are sent home. Although parental permission is not required for the child to attend the group, a permission letter is sent home to provide information. The first session consists of the counselor again outlining the purpose of the group and establishing group rules. The first group rule is to maintain confidentiality; however, if the child has a deep concern, a private meeting with the counselor may be arranged. The second rule is that everyone is encouraged to share at each session and the third rule is that only one person may talk at a time. Each child is encouraged to bring pictures of the deployed parent and of his/her family; to share postcards, letters, and presents that the absent parent has sent; to share when they receive phone calls from the deployed parent; and to share special things that the family is doing in the parent's absence.

The group may be relatively unstructured, with the counselor introducing a topic each week to which the children respond, or the counselor may utilize specific materials. It is suggested that each session begin with a general share time so that letters, postcards, and calls may be shared before beginning a topic. Sometimes, however, these share times take up the entire period and that is acceptable and even desirable. The counselor may record the feelings and ideas generated from the "sharing time" or from the specific topic on the board or on tagboard if he/she so desires. In addition, at times, the group may not respond to a discussion topic or an activity and the counselor may wish to play a game such as "The UNGAME" or "The Caterpillar Game." One advantage to the use of games is that those children who are normally shy or withdrawn in the group will respond to a question which might facilitate another discussion or present a topic for a future discussion or the group might exhibit behaviors which will elicit further discussion.

Topics for discussion and examples of children's responses include:

1. Feelings I have since my parent left: (Once feelings are identified the counselor may then use these feelings for further topics.)
   a. I feel mad because...
   b. I feel worried because...
   c. I feel scared because...
   d. I feel sad because...
2. Things that have broken or gone wrong since my parent left:
   a. the TV
   b. the washing machine
   c. the car
3. I miss my parent when:
   a. it's my birthday.
   b. it's a holiday.
   c. I play football or soccer especially if Dad was the coach or Mom was the team mother.
4. The routine at home is different because:
   a. my dad's a terrible cook so we have "yo yo" (you're on your own) nights a lot.
   b. my mom doesn't cook any more so we have "yo yo" nights a lot.
   c. the allotment check hasn't come so we don't go to MacDonald's anymore.
   d. Mom yells, cries, is less patient.
   e. I have more responsibilities.
   f. I fight more with my brothers/sisters.
   g. Mom may go out with her friends more and leave me to babysit or leave me with a babysitter.
5. School can be a problem because:
   a. I can't concentrate as well.
   b. I haven't been doing my homework.
   c. I cut up too much.
6. My behavior is different now that my parent is gone in that:
   a. I fight more with my brothers/sisters.
   b. I get in more trouble at home because I don't listen, clean my room, etc.
   c. I get in more trouble at school. (See #5.)

These discussions overlap rather frequently but the important issue is to have the children actively sharing their feelings and experiences.

Activities which the counselor may use include:

1. Pages from "While You Are Away..." by Norma Colwell. (This booklet is included in the packet.)
   a. In conjunction with the world map page, the counselor might use a world map on the wall or a globe and show each child where his/her parent is and where he/she is.
   b. The counselor might make a bulletin board of family pictures.
2. Take a picture of each child with the group to send to their parent.
3. Draw pictures and write stories several weeks before a holiday to send to the absent parent.
4. Use pages from "Daddy's Days Away," enclosed in the packet, to help celebrate special days.

The group for younger children (K–2) utilizes resources and activities that have been described in the handout.

The major objectives for this age group:

1. To provide activities to help the child realize that he is a contributing member of the family.
2. To provide activities for sharing and expressing feelings.
3. To provide activities for the child to write, draw, design, and make creations to send the deployed parent. The child may write letters and draw/color pictures of holiday scenes. This age group also enjoys writing a poem, riddle, or joke and coloring or decorating the page with other forms of art and crafts.

Resources

Booklets

Daddy's days away. Commandant of the Marine Corps, Headquarters U.S. Marine Corps, Washington, DC 20381–0001.

While you are away.... Norma Colwell, 9 Quail Run Circle, Hopkins, SC 19061, 1-803-776-9675.

Games

The caterpillar game. ABC Counseling Resources, 112 Brook Valley Road, Greenville, DE 19807.

The UNGAME. The UNGAME Company, P.O. Box 6382, Anaheim, CA 92816.

Julie Murphy is a guidance counselor at Laurel Bay School #2 in Laurel Bay, South Carolina.

Vermelle J. Matthews is a community outreach consultant for the Laurel Bay Schools in Laurel Bay, South Carolina.

The article is reprinted here with permission from the South Carolina State Department of Education.

Responding to Suicide in Schools

A Case Study in Loss Intervention and Group Survivorship

Ellen S. Zinner

General strategies for group survivorship intervention are proposed in a case study of an elementary school student's suicide.

The rise in suicide rates of young Americans over the last three decades has been frightening and has prompted recent, widespread efforts to introduce suicide education into the secondary school curriculum. Model programs are being designed, implemented, evaluated, and published in increasing numbers (American Association of Suicidology, 1977; Fairfax County Public Schools, 1985; Joan, 1986). Although these efforts are admirable, professionals cannot expect to prevent all student suicides. In 1980, 142 youngsters below age 15 took their lives; almost 1,800 between the ages of 15 and 19 did so (National Center for Health Statistics, 1983). Suicide deaths will continue to occur, bringing shock and pain to all those associated with the deceased.

Interventions for individual and family survivors have been discussed (LeShan, 1976; Rando, 1984; Worden, 1982). Less emphasized are the needs of more formally organized groups (e.g., classmates) after the suicide of a member. School counselors, with their professional training and informed position in the school, are in a unique position to intervene when a suicide occurs. In this article I offer guidelines for addressing group survivorship and raise other related issues for staff consideration. These strategies are examined with specific reference to intervention efforts involving the class, student body, teachers, principal, and parents at a small, private elementary school when a sixth-grade student committed suicide in April 1985.

CASE STUDY

Jim had been a member of a nine-student sixth-grade class in a small, K–6 private school in the suburbs of a major city. He had argued with his best friend and classmate, Bob, on Friday over a secret Jim had revealed to a third classmate. Jim cleared out his desk on Friday, completed his homework over the weekend, and shot himself in the head using his parents' revolver on Monday morning, just as his parents were calling him to get ready for school. He was flown to a hospital shock-trauma unit. Police immediately came to the school to interview both Jim's teacher and Bob, whose name had been mentioned in one of the notes Jim left. Jim's classmates and their parents were all directly informed of Jim's death by the classroom teacher when she learned of it.

I became an outside consultant in this situation at the suggestion of a school board member who was aware of my work as a death educator at a nearby university and of my research (Zinner, 1985, in press). On the day after Jim's death, I spoke at length with the principal. Because of the nature of the tragedy and, no doubt, because of the autonomy of a private school, I was given much latitude in offering supportive intervention. My focus was on facilitating a mutually supportive group response to a classmate's death in what was an affect-laden group situation (for other possible interventions, see Hill, 1984).

Need for Early Intervention

I arrived at Jim's school on Wednesday afternoon. The viewing at the funeral home had been arranged for that evening. The funeral was to be on Thursday. I reviewed my intervention plan with the principal, asking for her comments. A plan should be clearly stated, yet should allow flexibility. It should structure the processing of feelings and set the tone and direction of future group action.

It is helpful to intervene with group survivors as soon as possible and before the funeral. The early actions of professionals or of group leaders themselves can bring the appearance of strength and reassurance to a situation that is unanticipated and overwhelming. Professional intercession can help provide permission for venting a wide range of feeling from the outset of the crisis. Definitions and boundaries of appropriate responses can be created and encouraged; group rituals can be planned, as can responses to the immediate next of kin.

It is wise to keep the group's leader informed of strategy and to enlist his or her help. The point is not just to help the group members cope with the suicide loss but to help the group help itself toward greater cohesiveness and vitality now and in the future.

Identifying the Immediate Survivor Group

I anticipated, and the principal confirmed, that Jim's sixth-grade classmates would be more upset over his suicide than would any other school group. Thus, intervention began there.

Unless the group is small and relatively homogeneous, it can be expected that some subgroups within the larger organization may be more affected by the suicide than others. Taking care of those identified as most vulnerable reassures the more distant

members of the group that appropriate and salutary actions have been forthcoming.

Reviewing the Life of the Deceased

As we were sitting on the floor in a circle, I asked the eight classmates and their teacher to tell me about Jim. A life review of the deceased will often bring smiles and laughter to the group when recounting anecdotes. This game of "remember when" lessens tensions and helps the group accept the professional.

The class told me that Jim was the brightest student among them and that often he had helped others with mathematics and geography work. He liked science and stars and often made jokes that only he and the teacher understood and enjoyed. He was tall and thin, wore glasses, and was socially awkward. The class laughed over the time he sat on his peanut butter sandwich and spoke glowingly of the picture of a cat that Jim had just completed for his art teacher, his fondness for all animals was noted. My impression was of a close, noncompetitive group in which Jim was an accepted member, even though he was more intellectual and less open than the others.

Outsiders may feel awkward and embarrassed about being present when an existing group is faced with the sudden and tragic loss of one of its members. This objectivity, however, allows professionals to offer direction and hope when members are temporarily confused and paralyzed.

Reviewing the Death of the Deceased

I had been fully informed about Jim's death by the principal. The children related the details of Jim's death as they knew them, speaking frankly of their anger with him. The children believed, with the teacher's encouragement, that the argument with Bob was not sufficient cause for the suicide. No anger was directed toward Bob, and Bob felt justified for having yelled at Jim on Friday. Little anger was directed toward Jim's parents, who were well known to the group. Instead, Jim's younger, mentally retarded sister was blamed. According to the children, her needs took much of the time and attention of Jim's parents, leaving him too much on his own.

If any child had felt guilty, I would have talked more directly with the group about Jim's responsibility to cope in more positive ways with the argument. Such a discussion was raised by the children themselves in my two subsequent meetings with them.

It is important that the group share the same story of the death and that secrets or rumors not be permitted to divide members. Group discussion allows all members to hear each other out and agree on what happened. The veracity of the story is less important to group unity and bereavement than is consensus. Group discussion of the death also permits professionals to listen for attribution of guilt or extreme emotional reactions of particular members.

Shaping Expectations of Funeral Ceremonies

I learned what I could about Jim's funeral arrangements from the principal. With more time, I would have visited the funeral home itself before meeting with the sixth graders so as to have an even clearer picture of the funeral surroundings. I learned and informed the children that Jim's casket would be open. We discussed openly and frankly what they could expect when viewing an embalmed body. After funeral services, Jim's body would be cremated and interred privately in a family plot. We discussed openly and frankly the cremation process and their feelings about this means of body disposal.

Young people today are much less experienced with funerals than were their age mates of the past. Therefore, it is important to inform them of precisely what they can expect at funeral ceremonies.

I encourage all parents to permit their children to attend such ceremonies and thereby acknowledge their relationship to the decreased and be a part of culturally prescribed leave-taking rituals. (Even infants have the right to attend the funeral of a parent or grandparent so that, when grown, they know that they were not left out of this significant event.) Children need not be part of the funeral service itself but can be permitted to view the casket or body at other prearranged times with family members.

Shaping Group Ritual Response

I suggested to the class that they plant a weeping willow tree on the school grounds as an enduring symbol of his life and of their sadness. They rejected both this idea and the teacher's suggestion to raise money for the ASPCA in Jim's name. Eventually, through the give and take of ideas, students decided to place a stuffed cat in the casket. Permission for this action was requested and received from the parents.

The class and the teacher purchased a stuffed cat that day that "looked like Jim." Ribbons in the school colors were tied around its neck. The students and teacher also bought ribbons for themselves to be used as armbands. Jim's parents graciously placed the stuffed animal in Jim's arms and assured the children that it would be with him at cremation. All but one of the sixth graders attended both the viewing and the funeral, where the principal presented a eulogy on behalf of the school. The one absent classmate was not allowed by her parents to attend the ceremonies.

The real contribution of loss intervention with groups is in helping members create an appropriate and meaningful way to respond to the death. Groups want to do something at the time of the loss but are often unsure of what. A fitting response shifts the immediate focus from the pain felt to the actions taken. Group rituals in response to crisis tend to be long and positively remembered.

Other rituals were created by the class during the next week or so, and Jim was included symbolically at graduation in June. Follow-up discussions with the class found them to be coping well and proud of the actions taken.

Support Survivorship Status of the Larger Organization

Intervention with the entire school after Jim's suicide was less successful than with his class. Responses were made by the leadership, but most members remained unaware of them. A large azalea bush was purchased by the school for Jim's parents and was planted by the sixth-grade class at his home. Most other students and teachers did not get the chance to see the plant or to sign a card with their condolences. Although the art teacher placed on the front outside wall of the school a collage of eight green hearts and one broken red heart—representing the sixth-grade class—it was neither pointed out nor explained to the rest of the school. When I was asked finally to speak with the rest of the teachers 3 weeks after Jim's death, their predominant feeling was one of anger at being excluded.

Professionals must be careful to acknowledge the survivorship status of the larger organization because, by not doing so, they ignore the lesser but real upset and needs felt by many of its members. It was obvious that in this case I had focused on the sixth-grade class at the expense of the larger group. Unfortunately, the days of craping doors and windows are past, and the only universal symbol of group mourning seems to be a lowered flag. A large organization that does nothing at all in response to a member's death runs the risk of being thought of as cold and uncaring by individuals both inside and outside of the organization.

Complete Academic Autopsy with Leadership

An academic autopsy was recommended to the principal and faculty of Jim's school to be held in the fall term after his death. An *academic autopsy* is a term used by death educators to describe the evaluation of the actions taken subsequent to a particular death or crisis. It might take place at a meeting of significant staff and faculty and, possibly, student leaders. It should occur some months after the loss to allow more objectivity. The key questions are: What could have been done to prevent the death? What actions taken after the death seem appropriate and meaningful in hindsight? What actions might be modified or added in the future should there be another crisis? Response to any particular death needs to be personalized and fitting to the situation, but it need not be made without insight and sensitivity gleaned from previous events.

Individual students gain much insight and understanding when they partake in the group's response to the loss of a friend or co-student. But students graduate, taking their newly acquired knowledge with them. It is the school faculty and staff who must be willing and able to facilitate group survivorship responses. Only they can gain the experience and perspective on what helps a group survive and benefit from a member's death.

REFERENCES

American Association of Suicidology. (1977). *Suicide prevention training manual*. West Point, PA: Merck Sharp & Dohme, Health Information Services.

Fairfax County Public Schools. (1985). *The Adolescent Suicide Prevention Program*. Fairfax, VA: School Board of Fairfax County.

Hill, W.H. (1984). Intervention and postvention in schools. In H. Seidak, A. Ford, & N. Rushforth (Eds.), *Suicide in the young* (pp. 407–415). Littleton, MA: John Wright P.S.G.

Joan, P. (1986). *Preventing teenage suicide: The living alternative handbook*. New York: Human Sciences Press.

LeShan, E. (1976). *Learning to say good-bye*. New York: Avon.

National Center for Health Statistics, Division of Vital Statistics. (1983). [Mortality statistics]. Unpublished data.

Rando, T.A. (1984). *Grief, dying, and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.

Worden, J.W. (1982). *Grief counseling and grief therapy*. New York: Springer.

Zinner, E. (1985). Group survivorship: A model and case study application. In E. Zinner (Ed.), *Coping with death on campus* (pp. 51–68). San Francisco: Jossey-Bass.

Zinner, E. (in press). Survivor-victims of suicide: Understanding and helping the ones remaining. In A. Medvene (Ed.), *Storms and rainbows: The many faces of death*. Washington, DC: Hemisphere Publishing.

Ellen S. Zinner is an instructor in the Department of Sociology, Towson State University, Baltimore, Maryland.

This article originally appeared in the *Journal of Counseling and Development* and is reprinted here with the permission of the American Association for Counseling and Development.

"Stressing" Relaxation in the Classroom

Iris Prager-Decker

The Rationale

In recent years we have been made more and more aware of the role stress plays in our life and its causative relationship to disease. Studies in the urban centers of New York City and Chicago have estimated that almost one third of the residents in those cities are experiencing enough stress to impair their ability to function normally. Sociologists studying the urban population have attributed at least some rise in psychosomatic disease, chronic illness and neurotic disorders over the last three decades to difficulties in coping with the demands of rapid social change. To ignore this relationship of stress and disease in our society is to ignore reality; and to believe children are immune to this process is even more unreal. No one living in industrial, urbanized communities can avoid stress. All children, in the course of growing up encounter personal stresses, such as accidents, illnesses, new siblings, relocation, parental separation and/or divorce, death of a loved one, etc. Children also react to life changes that affect society in general; inflation, world conflicts and the energy crunch. Most children at sometime react to these stresses with either behavioral disorders such as temper-tantrums, acting out in school, and bed wetting, or psychosomatic reactions from minor disorders such as headaches, or digestive problems to more major disorders such as asthma and juvenile rheumatoid arthritis (JRA).

Using questionnaires developed by Coddington, life events relevant to children from preschool to high school age have been evaluated to determine just how much stress (rapid social change) children are exposed to. The findings in such research indicate that the higher the scores are for social change, the higher the incidence of disease. Rahe and Arthur, in a comprehensive review on disease and life changes, cite several cases of extremely young children exhibiting physical effects of stress caused by clusters of life changes in their family. In a disease such as JRA, Heisel was able to show that children susceptible to JRA tended to have recently experienced a cluster of changes in their world, higher in amount and intensity than the average child.

People, whether adult or child, react to stress in a similar manner. Walter Cannon was the first to identify the physiological phenomenon of stress, later researched and refined by Hans Selye. Under stress the muscles are tensed, the heart rate accelerated, blood pressure elevated, respiration increased and generally the body is being prepared for what Cannon referred to as the "fight or flight" syndrome (the primitive survival skills necessary for man to exist under stressful circumstances). Unfortunately man no longer has the latitude to stay and fight or even run away from stress. Modern stressors tend to be more psychological in nature, much of which is precipitated by anticipation. Research stemming

Table 1
Life Change Unit Values
Preschool Age Group

Rank	Life Event	Life Change Units
1	Death of a parent	89
2	Divorce of parents	78
3	Marital separation of parents	74
4	Jail sentence of parent of 1 year or more	67
5	Marriage of parent to stepparent	62
6	Serious illness requiring hospitalization of child	59
7	Death of a brother or sister	59
8	Acquiring a visible deformity	52
9	Serious illness requiring hospitalization of parent	51
10	Birth of a brother or sister	50
11	Mother beginning to work	47
12	Increase in number of arguments between parents	44
13	Beginning nursery school	42
14	Addition of third adult to family (i.e., grandparent, etc.)	39
15	Brother or sister leaving home	39
16	Having a visible congenital deformity	39
17	Increase in number of arguments with parents	39
18	Change in child's acceptance by peers	38
19	Death of a close friend	38
20	Serious illness requiring hospitalization of brother or sister	37
21	Change in father's occupation requiring increased absence from home	36
22	Jail sentence of parent for 30 days or less	34
23	Discovery of being an adopted child	33
24	Change to a new nursery school	33
25	Death of a grandparent	30
26	Outstanding personal achievement	23
27	Loss of job by a parent	23
28	Decrease in number of arguments with parents	22
29	Decrease in number of arguments between parents	21
30	Change in parents' financial status	21

Note. From "The Significance of Life Events and Etiologic Factors in the Diseases of Children" by Coddington, D. R., 1972, *Journal of Psychosomatic Research, 16*.

Table 2
Life Change Unit Values
Elementary School Age Group

Rank	Life Event	Life Change Units
1	Death of a parent	91
2	Divorce of parents	84
3	Marital separation of parents	78
4	Acquiring a visible deformity	69
5	Death of a brother or sister	68
6	Jail sentence of parent for 1 year or more	67
7	Marriage of parent to stepparent	65
8	Serious illness requiring hospitalization of child	62
9	Becoming involved with drugs or alcohol	61
10	Having a visible congenital deformity	60
11	Failure of a grade in school	57
12	Serious illness requiring hospitalization of parent	55
13	Death of a close friend	53
14	Discovery of being an adopted child	52
15	Increase in number of arguments between parents	51
16	Change in child's acceptance by peers	51
17	Birth of a brother or sister	50
18	Increase in number of arguments with parents	47
19	Move to a new school district	46
20	Beginning school	46
21	Suspension from school	46
22	Change in father's occupation requiring increased absence from home	45
23	Mother beginning to work	44
24	Jail sentence of parent for 30 days or less	44
25	Serious illness requiring hospitalization of brother or sister	41
26	Addition of third adult to family (i.e., grandmother, etc.)	41
27	Outstanding personal achievement	39
28	Loss of job by a parent	38
29	Death of a grandparent	38
30	Brother or sister leaving home	36
31	Pregnancy in unwed teenage sister	36
32	Change in parents' financial status	29
33	Beginning another school year	27
34	Decrease in number of arguments with parents	27
35	Decrease in number of arguments between parents	25
36	Becoming a full fledged member of a church	25

Note. From "The Significance of Life Events and Etiologic Factors in the Diseases of Children" by Coddington, D. R., 1972, *Journal of Psychosomatic Research, 16.*

from Selye's observations support the concept that one cannot undergo the physiological arousal of stress and its component element of disease and be in a relaxed state. Actually it was Edmund Jacobson, the father of progressive muscle relaxation, who suggested that stress, anxiety and its natural by-product, muscle tensing, could not exist when an individual was in a relaxed condition. In essence, he determined that anxiety and relaxation were opposite physiological reactions and could not coexist.

When the relationship between stress and disease is understood, it becomes obvious that intervention in the stress arousal mechanism is necessary. Intervention can take several forms, while the concept of relaxation is inherent in each of them. Since children spend one third of their lives in school, schools can be an excellent place to teach these skills. It is essential that children have time to relax. Daily time schedules should allow for part of the day when the blinds can be pulled, soft music played and pillows spread on the floor to make the room conducive for total relaxation. The more one looks at the role of schools, it seems logical to expect that there-in lies the responsibility to develop these coping skills. Problems of the stressed child take on an added importance in the school because it is here that anxiety shows a most disabling effect. The "distressed" child will not achieve as much as is warranted by his abilities. In studies by Sarason, Hill and Zimbardo and Cowen, et al., low academic success was constantly correlated with elevated anxiety levels and the correlation became greater as the child got older.

Intervention

There are many stress coping techniques (relaxation skills) that can produce decreased physiologic arousal (decreased anxiety). These self-regulatory techniques include yoga, guided imagery, meditation, deep muscle relaxation, etc. Using techniques that include deep muscle relaxation in combination with guided imagery, skills can be developed to teach young children how to relax. Encouraging results have been noted in stress intervention units. Experience with relaxation skills shows that most students can master the skills required and meet the goals of tension control or stress management training. These goals are: (1) general relaxation for the purpose of cultivated rest and preventive medicine and (2) selective or differential relaxation for the purpose of efficient movement. Dr. Lulu Sweigard combined muscle relaxation techniques with guided imagery to enable young children to practice skills necessary for constructive relaxation. Some of her imagery included "The Empty Suit of Clothes" and "The Rag Doll." She suggested that regular exercise of these skills will enable people to accomplish work in shorter periods of time, with more ease, and therefore, less stress.

By using techniques adapted from yoga (meditation), Jacobson (deep muscle relaxation) and Sweigard (guided visual imagery), and by recognizing and relating to the needs and interests of the primary aged child, a unit was developed to help children cope with stress. The unit was designed to be both experiential and cognitive. The basic concepts include the following:

1. Everyone experiences stress. Stress is a part of life.
2. The body reacts to all stress in a special way that helps us to get ready for action.
3. You are in control of your body.
4. Certain activities reduce stress arousal.
5. There are many ways to control stress. Good health habits help us manage stress.

Materials necessary for the implementation of such a unit are easily collected. They may include large pictures or cartoons of people in stressful situations (i.e., Peanuts characters—including Lucy's "Doctor is in"). These pictures can elicit children's responses to the content and aid in the discussion of common stressful situations and how the children cope with them. Also a chart of the human body with a wipe off plastic surface could be used to show how the body goes through changes during stress arousal. This allows the children to develop an awareness of inner happenings during stress induced tension, as opposed to a relaxed state.

Methods for units of this type can include lecture and discussion sessions (on the concept of stress and its opposite reaction—relaxation), as well as experiences designed to teach specific relaxation skills. Dramatic play stories that can move the children through various physical and emotional states can

make the abstract discussion more real. Here is a sample story with follow-up questions and evaluation. It was our intention to have the children act this story out as the teacher read aloud.

Teacher: "You wake up, and it's snowing thick and fast. You jump out of bed and dress quickly, putting on your heavy jacket, boots, mittens and scarf to keep you warm. You run outside. Already the snow is deep and comes up to your boot tops. It's a little hard to walk through. It's so quiet here that all you can hear is the squeak of your boots as you step through the snow. You walk a little way and meet your friends. Together you decide to build a snow fort. The snow is so think and deep that it is easy to shape it into blocks to make the walls. You build the walls of your fort higher and higher. All of a sudden you feel splat! a snowball right in the face. It's cold and wet, and some of it slides down your neck. You turn around, and you see some bigger kids from up the street who've come to take over your fort. You and your friends fight them back with snowballs, making them and throwing them as fast and as hard as you can. Snowballs hit you in the chest and arms, and a few go smoosh against your face, but finally you win. The bigger kids run away.

"You pick up a snowball that you made and look at it carefully. It's a good start for a snowman, so you roll it in the snow to make it bigger and bigger. It becomes so big that you can't lift it, and you leave it. You roll another shape, packing it hard, and set it on top of the first. Be careful! It's very heavy, and you might fall. You make eyes and a nose and a mouth for your snowman. He looks very cold, so you wrap your scarf around his neck. As you do that, something magical happens, and you become a snowman. You stand very still because you don't have any legs to walk with. Your arms are straight and stiff, and you can't turn your head. All you can do is look straight ahead of you. It's very cold and windy and you feel yourself getting stiffer and stiffer. Luckily, when you think that you can't get any stiffer, the sun comes out, and the wind turns into a gentle breeze. You start to feel warmer, the sun gets hot. You begin to drip. You're melting! Your feet become a puddle of water, and you start to slide downwards. Your back and arms feel loose and runny. Your knees fall into the puddle and then your bottom. Water is running down your nose. There go your shoulders! Finally, your head is lying in the water, and then it too melts. You are just a puddle on the ground. Let's stay this way for a while."

After the exercise ask the following questions: "How did the story make you feel? What did you feel during the snowball fight? What did you want to do? Did your body feel ready to fight hard or to run? Did your arms and legs want to move? How did you feel at the end? Could you have run very easily when you were a puddle? What did you want to then?"

Evaluation: Listen to the children's responses and see if they could distinguish between their physical sensations of relaxation and tension. Ask them if they could feel the difference in their bodies between getting tensed for action and then completely relaxed—as the melted snowman?

In teaching children to relax they must first become aware of their tension and where it resides in their bodies. The most frequent locations reported by children are the eyes, chest, neck, shoulders, and legs. To achieve deep muscle relaxation and body awareness in children several helpful teaching aids have been developed. These aids are in the format of audio cassettes. Children can listen and learn the specific techniques in either large groups or working independently with a leader or partner. A list of such programs will be included later in this article. Of course, the teacher can create his/her own teaching aids. Another example of one such aid is the following exercise. Follow this exercise and discover which technique is being taught.

Teacher: "Today we are going to play a special game. It's a game during which we all have to be very quiet, or it won't work. In this game, your ears are the most important help you have, so open them wide and listen. I'm going to make some sounds, and when we are finished listening, you tell me what you heard. Does

everybody understand? Ready? Close your eyes and open your ears and listen." *The teacher moves around the room, writing on the board, clapping hands, snapping fingers, closing a drawer, clapping erasers, etc.* "Open your eyes. What did you hear?" *Children describe the sounds.* "Very good. Now we'll play the game again, only this time I will be quiet and you discover what sounds you can hear even when we aren't making any noise. Ready? Close your eyes, open your ears, and listen." *After a minute or two, the teacher asks the children to open their eyes and tell what they heard.* "Very, very good. Now we are going to do something even harder, and for this we must be very, very, quiet. This time we'll close our eyes and listen to just one sound, maybe even a sound that is inside of us. You may be surprised at the sounds your body makes because you think it is silent. But it has things it says, too. Let's listen and find out. Close your eyes, and open your ears, and listen." *After one minute, ask the children if they could concentrate on one sound.* "Did you ever think that you could listen so long to such quiet sounds? Are you surprised? Were you able to control your thoughts so that you could concentrate on listening? Were you able to control your ears so you could listen to a very quiet sound? Were you able to tell your ears to listen to just one sound? Did you boss your ears or did you do what they wanted? How many of you could tell your ears to listen to a very quiet sound or to just one sound? So many of you were in charge!"

Evaluation: Observe the children during the listening game to see if they can concentrate. Listen to their answers to your final questions.

The objective of this "game" was for the children to practice listening skills leading to a form of concentrative meditation. Repetition of any technique, or combinations of techniques can be used in a unit of this type.

Implementation and Evaluation

Implementation and evaluation of this type of unit is extremely feasible. The school system, as it exists, reaches most of the population of American children. Work by Barabasz indicated that classroom teachers with minimal training (several sessions) have functioned effectively as "paraprofessional therapists" in applying relaxation skills to reduce test anxiety in their students. After limited training, using carefully prepared materials, teachers were able to train their students in muscular relaxation and use of imagery. Preparation of teachers can be done within the existing framework of the in-service training program for teachers. In terms of evaluating the success of such a unit, statistical techniques as well as naturalistic observation can be employed. Allan Abrams worked with elementary school children in examining the relation between meditation and a variety of measures including affective and cognitive instruments, achievement, and teachers' and parents' ratings. He concluded that children who meditated exhibited better self-concept, greater academic achievement and more cognitive growth. Teacher ratings can answer these additional questions: Has class attendance records improved? Has disruptive behavior in the classroom changed? Has individual academic achievement improved? Do the children appear healthier and happier? Is there any feedback from the children's homes? But perhaps the best evaluation can only be done on these children 20–40 years in the future. Once skills are learned, practiced, and integrated into their lives it would be valuable to see how their resistance to stress (via intervention or relaxation during stress arousal) has affected their overall resistance to chronic debilitating disease.

Bibliography

Abrams, A. I. (1977). *The effects of meditation on elementary school students*. Unpublished doctoral dissertation, University of California, Berkeley.

Barabasz, A. F. (1975, November). Classroom teachers as paraprofessional therapists in group systematic desensitization of test anxiety. *Psychiatry, 38*(4), 388–392.

Coddington, D. R. (1972). The significance of life events and etiologic factors in the diseases of children. *Journal of Psychosomatic Research, 16.*

Cowen, E. L., Zax, M., Klein, R., Izzo, L. D., & Trost, M. (1965, September). The relation of anxiety in school children to school record, achievement, and behavioral measures. *Child Development, 36*(3), 685–695.

Frederick, A. B. (1979, January). *Relaxation: Education's fourth "R."* ERIC Clearinghouse on Teacher Education.

Heisel, S. J. (1972). Life changes as etiologic factors in juvenile rheumatoid arthritis. *Journal of Psychosomatic Research, 16.*

Jacobson, E. (1938). *Progressive relaxation.* Chicago: University of Chicago Press.

O'Rourke, R. (1976, December). Yes, we can help kids relax. *Learning.*

Rahe, R. H., & Arthur, R. J. (1978, March). Life change and illness studies; past history and future directions. *Journal of Human Stress, 4*(1), 3–15.

Sarason, S. B., Hill, K. T., & Zimbardo, P. G. (1964). A longitudinal study of the relation of test anxiety to performance on intelligence and achievement tests. *Society for Research in Child Development, 29*(7), 1–51.

Sweigard, L. (1941). Posture and body mechanics. In *The attractive child.*

Wolffe, S. (1973). *Children in stress.* Pelican.

Classroom Teacher's Resources for Relaxation Techniques

The kiddie QR. Liz Stroebel, Charles Stroebel, Margaret Holland. $49.00 each unit (four tapes and teacher guide books). For more information write to: The QR Institute, 119 Forest Drive, Wethersfield, CT 06109.

Kiddie QR is an educational preventative health care program for little folk ages 4–9. It is a delightful way for parents, teachers and clinicians to practically deal with children and stress.

QR for young people. Margaret Holland, Charles Stroebel, Liz Stroebel. $47.50 each unit. For more information write to: The QR Institute—South, 8509 N. 29th Street, Tampa, FL 33604.

"To substitute a self enhancing response—the Quieting Response—for self-defeating responses such as temper outbursts, drug use, violence, headaches, and stomachaches." Ages 9 and up.

Foundation for Conscious Living. Jan Lowenstein—Children's Relaxation Tapes. $8.00. For more information write to: The Conscious Living Foundation, P.O. Box 513, Manhattan, KS 66502.

Tapes on body awareness and progressive relaxation techniques for children ages 4–12.

Meditation for children. Deborah Rozman, Celestial Arts, Millbrae, CA, 1976.

Excellent techniques for involving young children through adolescence in meditative skills.

At the time she wrote this article Iris Prager-Decker was a faculty member in the Department of Health Education at George Mason University in Fairfax, Virginia.

This article is also available in the ERIC system. The ERIC Document Reproduction Service Number is ED 240 085.

The PEACE Process

A Modified Senoi Technique for Children's Nightmares

Janece O. Hudson and Carol O'Connor

Bobby comes crying in the night to his parent's bed saying that a monster is after him. How do parents in our culture often respond? "It was just a dream. There are no such things as monsters." Such attempts at logical persuasion are rarely successful.

The Senoi, a primitive Malaysian people whose whole culture is based on dreams, would respond differently in a similar situation. Senoi parents might say to the child, "That's very important. Let's talk about it." They make no attempts to discredit the nightmare report but instead involve the children themselves in dealing with their fears. While the Senoi are classified as a primitive culture by Western standards, psychologically they have been reported to be a remarkably healthy people (Stewart, 1969) who emphasize the facing of fearful dream images.

It is not just children who have nightmares. Many adults have awakened in a cold sweat and discovered it was *only* a dream and then dismissed it. These frightening or distressing phenomena are signals that provide direct information concerning real problems. A number of contemporary authors (Garfield, 1974; Greenleaf, 1973; Murray & Murray, 1978; Rothaus & Christian, 1978) agree and have successfully used some variation of the Senoi techniques of dream discussion and confrontation of frightening material. By using similar techniques in working with parents and children, both can learn to deal with fears by involving the children themselves in acknowledging, confronting, and overcoming the alarming characters and situations in their nightmares.

Nightmares

Nightmares are defined as bad, frightening, disturbing, or negative dreams that usually occur during the Rapid Eye Movement (REM) period of sleep and are recalled. This is different from another phenomenon, the night terror, that occurs during the deeper stages of non-REM sleep and may involve an organic factor (Fisher, Byrne, Edwards, & Kahn, 1970; Sperling, 1952). During the latter, the child may have eyes open, scream and flail wildly, and be difficult to awaken. When awakened from a night terror, which is more appropriately a medical concern, children rarely recall any sort of dream.

The nightmare discussed here has a story-like quality, a symbolic representation of problem areas. Evidence exists that in children's nightmares, and indeed in all their dreams, a developmental

component is involved both in quantity and subject matter (Breger, 1974; Despert, 1949; Foster & Anderson, 1936; Foulkes, 1967, 1977, 1978,1979; Mack, 1965; Van de Castle, 1971). The children in their sleeping states seem to be wrestling with the same developmental tasks they are concerned with in the waking states.

While the present concern is with nightmares of a psychological nature, it should be noted that some such dreams may be physiological in origin (impending illness, fever, or dietary problem) and may require attention at a medical level.

The Senoi

A culture that places emphasis on involving children in working with their nightmares is the Senoi, a native tribe living in an isolated section of the equatorial rain forest of the Malay Peninsula. The most remarkable aspect of their culture is that they have been able, through the development of a system of psychology, to establish a society that is virtually free from violence and aggression. Dream interpretation is a major component of the Senoi psychology. Dreams are viewed as images of the external world incorporated into the mind. Thus, dreams are an extension of waking life and can be controlled as can waking life (Stewart, 1969). The process of dream interpretation that the Senoi employ has been described in three stages: (a) initiation and reconstruction; (b) dialogue and confrontation; and (c) resolution.

Initiation and reconstruction involves the reporting of the dream, while the second stage, *dialogue and confrontation*, includes a conversation with the adversary or frightening dream image. For example, Senoi children being chased by a tiger in a nightmare would be instructed to talk to the tiger to discover what the tiger wanted. A child too frightened to face the tiger alone would be encouraged to call on an ally or dream friend to provide the needed protection. The important issue is not to avoid the frightening thing or situation.

In *resolution*, the third stage of the process, the dreamer seeks an alliance with the adversary or dream spirit. As a symbol of this reconciliation, the dreamer requests a dream gift (Stewart, 1969).

The PEACE Process

Based on the Senoi technique, the following modification represents a successful 5-step process for involving children in working with their own fearful dreams:

1. Presenting
2. Exploring
3. Accepting
4. Creative fixing
5. Exchanging

For work with children, these steps have been labelled the PEACE process. The acronym PEACE, easily remembered by children, suggests the reconciliation between the dreamer and the frightening situation as well as the resulting peaceful state of mind. The first three steps of this modification correspond to the Senoi stages outlined previously, while the two additional steps are adapted from Garfield (1974). Step 4, *creative fixing*, involves the construction of some tangible, concrete evidence of the alliance between the dreamer and the former power of the adversary, which was represented by the gift. This may be in the form of a painting, drawing, clay modeling, collage, poem, or song. In the final step, *exchanging*, the children are encouraged to further acknowledge their mastery by exchanging stories with others and sharing their gifts. This exchange may be with friends or family and is especially suited to groups of children in which all may benefit from the experiences of others.

The following example illustrates the PEACE process and incorporates the concepts of allies, unmasking, and other creative and extemporaneous improvisations used by the counselor to work with the nightmare. Beth's mother reported that the 7-year-old had been having nightmares. The parents were separated and planned to divorce. While a 9-year-old brother was verbal in his concern and objections about the separation, Beth spoke little of it and was apparently taking the situation in stride.

Presenting

Beth was told to close her eyes and relate the dream in first person as she "resaw it in her head," to

pretend that it was happening in the present. She reported that a "mean girl" had come into her house, shot her mother and brother, and set fire to her. The father came, put out the fire, and placed Beth in his car. He was able to revive the brother but the mother remained dead. He saved them because he loved them so much.

Exploring

Beth was encouraged to confront her adversary and engage in a dialogue. Co: Counselor; B: Beth.)

Co: Who was the mean girl?
B: I don't know. I never saw her before.
Co: If you close your eyes can you see her in your imagination?
B: (Close eyes.) Yes. (Opens eyes.) But she scares me.
Co: I think we should talk to her, find out who she is, and why she is being mean. Close your eyes and talk to her.
B: (Closes, then opens eyes.) I'm too scared.
Co: Here, I'll hold your hand and go with you. I won't let her hurt you.
B: (Closes, then opens eyes.) I'm still too scared.
Co: If you could take anyone you want along to be your friend and protect you, who would you take?
B: I don't know.
Co: Do you have a favorite hero in a book or on TV who is strong and brave?
B: I know! Rocky!
Co: Close your eyes again and see Rocky with you. Ask the girl who she is.
B: Who are you? (Pause.) She won't tell me.
Co: Ask her again.
B: (Louder.) Who are you? (Pause.) She still won't tell me.
Co: Tell her to take off her mask.
B: (Shouts.) Take off your mask. (Pause. Then smiles.) It's my babysitter! I'm not scared of her.

Accepting

Here Beth was guided in forming an alliance with her dream adversary by befriending, integrating, and accepting. The gift is a token of this mastery of the frightening situation.

Co: Ask her why she frightened you and hurt you.
B: (Pause) She said she didn't mean to, and she's sorry.
Co: Ask her to give you a gift that you can keep. When you see it, tell me what it is.
B: It's a Superman cape!

Creative Fixing

Together Beth and the counselor decided how the gift was to be portrayed. Beth decided to draw a picture of the cape and to make a fabric cape when she got home.

While the drawing was in progress, Beth talked more about the nightmare. The baby-sitter was very kind to her, but she wished that her mother didn't work and could stay home. Although he was not living with them, she knew that her father still loved her and her brother because he saved them.

Exchanging

Beth shared her experience with her mother, giving her an opportunity to express some of her feelings as well as her pride in her Superman cape (her new mastery). The child's nightmare provided information about her concerns and her efforts to deal with them as well as a stimulus for further discussion While Beth's dream is riddled with symbolism, including a rather obvious reference to her home situation and a seemingly classic dream of the Freudian Electra Complex, it was her fear that was the concern. It was presented symbolically, and dealt with symbolically. When asked if she was still frightened, she replied "Not any more. It made me feel better to talk about it."

The PEACE Process and Fears

The use of the PEACE Process is not limited to nightmares. It can be equally successful with any fear that children express. It is suggested that the child recreate aloud the frightening situation through guided fantasy. The following example illustrates

9-year-old Julie's fear, the work she did with it, and the strength of this process.

Julie reported being afraid that someone was watching her when she was alone in the basement of her house. In order to *Present* the fear as accurately as possible, Julie reenacted the situation by closing her eyes and mentally descending the basement stairs. When she indicated that she felt someone's presence, she was encouraged to *Explore* the area until she came face to face with her adversary. Because she appeared reluctant to do this alone, she was told that she could call on an ally to protect her. Julie appeared visibly more relaxed when she had her mother in this fantasy. Together they searched the basement until they found a man with a knife. Instead of fleeing, Julie confronted him by asking, Who are you? The man remained silent. Since dream images are not always who or what they seem, Julie was instructed to demand that the man remove his mask. When the man obeyed her command, Julie found herself standing in front of her father who did not live with the family. Through dialogue she discovered her father there watching her, ready to protect her from any harm.

Julie was able to *Accept* this explanation and asked her father for a gift. He responded by giving her some money. At this point Julie was very excited that she had conquered her fear. She was most receptive to the idea of drawing the gift from her father in order to *Creatively fix* the experience in her mind. When she completed the drawing, Julie burst from the room to *Exchange* and share her experience and new understanding with her mother and sister. The picture was hung on her bedroom door to remind her of this accomplishment. Several months have passed and Julie has not reported being frightened in the basement.

Further Suggestions

While this technique can be used in schools, it is recommended that parents be involved in the process. It is most important that they understand nightmares and fears are very real to children, who will not be assuaged by admonitions or logical persuasion.

Counselors or teachers may choose to use books or films to stimulate class discussions of nightmares and fears. This is an effective means for identifying children who need more personal attention. A list of suggested materials for elementary aged children is included.

It must be emphasized that this process is not limited to children. Older students and adults find the PEACE process an enjoyable and insightful experience. It has helped many persons identify the menacing unknown strangers, the threatening encounters, the tigers of their own nightmares. They have turned and faced their own fears of falling, of the dark, of failure, and those myriad other sources of anxiety. The PEACE process not only allows a mode for dealing with disturbing material but does so in a manner that fosters personal strength, creativity, and playfulness.

We would encourage counselors to be flexible and imaginative in adapting the PEACE process to individual needs. We offer this to you as a gift. Enter into your own spirit of creativity as you share it with others.

References

Breger, L. (1974). *From instinct to identity.* Englewood Cliffs, NJ: Prentice-Hall.

Despert, J. L. (1949). Dreams in children of preschool age. *Psychoanalytic Study of the Child, 3*(4), 141–180.

Fisher, C., Byrne, J., Edwards, A., & Kahn, E. (1970). A psycho-physiological study of nightmares. *Journal of the American Psychoanalytic Association, 18*(4), 747–782.

Foster, J. C., & Anderson, J. E. (1936). Unpleasant dreams in childhood. *Child Development, 7*(2), 77-84.

Foulkes, D. (1967). Dreams of the male child: Four case studies. *Journal of Child Psychology and Psychiatry, 8*, 81–97.

Foulkes, D. (1977). Children's dreams: Age changes and sex differences. *Waking and Sleeping, 1*, 171–174.

Foulkes, D. (1978). Dreams of innocence. *Psychology Today, 12*(7), 78–88.

Foulkes, D. (1979). Children's dreams. In B. B.

Wolman (Ed.), *Handbook of dreams*. New York: Van Nostrand Reinhold.

Garfield, P. L. (1974). Creative dreaming. New York: Ballantine.

Greenleaf, E. (1973). "Senoi" dream groups. *Psychotherapy: Theory Research and Practice, 10*(3), 218–222.

Mack, J. E. (1965). Nightmares, conflict, and ego development in childhood. *International Journal of Psycho-analysis, 46*(4), 403–428.

Murray, M. E., & Murray, M. L. (1978). Senoi dream therapy. *Voices, 14*(1), 36–48.

Rothaus, P., & Christian, G. (April 24, 1978). Nightmares. *Woman's Day*, pp. 82; 157.

Sperling, M. (1952). Pavor nocturnus. *Psychoanalytic Study of the Child, 7*, 79–94.

Stewart, K. (1969). Dream theory in Malaya. In C. T. Tart (Ed.), *Altered states of consciousness*. New York: Doubleday.

Van de Castle, R. (1971). *The psychology of dreaming*. Morristown, NJ: General Learning Press.

Children's Bibliography

Babbitt, N. (1970). *The something*. New York: Farrar, Straus, & Giroux.

Bradbury, R. (1955). *Switch on the night*. New York: Pantheon. (Ages 5–8)

Crowe, R. L. (1976). *Clyde monster*. New York: Dutton. (Ages 4–6)

Garrison, C. (1978). *The dream eater*. Scarsdale, N.Y.: Bradbury Press. (Ages 6–8)

Mayer, M. (1968). *There's a nightmare in my closet*. New York: Dial Press.

Sendak, M. (1963). *Where the wild things are*. New York: Harper & Row. (Also available on film from Weston Woods Studios, Weston, CO 06880)

Viorst, J. (1973). *My momma says there aren't any zombies, ghosts, vampires, creatures, demons, monsters, fiends, goblins, or things*. New York: Atheneum. (Ages 4–8)

Young, H. (1975). *Wide-awake Jake*. New York: Morrow.

Janece O. Hudson is a psychology instructor at North Harris County College in Houston, Texas.

Carol O'Connor is Assistant Professor of Counselor Education at Wayne State University in Detroit, Michigan.

This article originally appeared in the journal *The School Counselor* and is reprinted here with permission from the American Association for Counseling and Development.

Teaching Children About Death

Marjorie Brookshire and Melody P. Noland

Marjorie Brookshire and Melody Noland present an excellent resource for counselors and teachers who wish to conduct an instructional unit on death. They begin with a description of concepts and learning activities for Grades 1 through 4, followed by more concepts and activities for Grades 5 and 6. They conclude with a list of do's and don'ts and some helpful resource references.

Concepts and Activities for Grades 1–4

Concept: Every living thing dies.
Activities: Present a living flower planted in a pot and an identical flower that is dead. Discuss questions such as, "Which things in this room are living? Which are not living? Do you think each living plant will die someday? Will each person die?"

Concept: Death is final and this makes it very sad.
Activities: Read *The Dead Bird* by Margaret Wise Brown (1958). Discuss how the children in the book knew the bird was dead and why the children were sad. Discuss the way characters in cartoons die. Do they really die? Also talk about how the children in the book felt about the bird. (They did not really love the bird, because it was not their pet. They eventually forgot the bird, but that is okay.)

Concept: Many feelings are experienced in grief.
Activities: Read *Old Dog* by Sarah Abbott (1972). Discuss how Ben felt when his dog died. Is it okay to cry? Define grief. What are some possible feelings in grief (anger, guilt, fear)? Talk about how to deal with those feelings .

Concept: Certain activities follow a death.
Activities: Read *The Tenth Good Thing About Barney* by Judith Viorst (1971). Discuss where Barney was. How could Barney become part of the ground?

1. Take a dry, dead flower and crush it over a pot of dirt. Let the class see.
2. Tell students that no one knows for sure what happens after death. List the different views that people have.
3. Ask the question, "Why do you think we have funerals?"
4. Have students draw two pictures—one of death, one of what might happen after death. Be sensitive to the feelings the children are expressing through their pictures, but be cautious about interpretations.

Concept: People often need help when someone dies.
Activities: Have students plan a funeral for a pet. Where should the pet be buried? How can the children make the funeral special? How can the children comfort one another? Can a child comfort a grown-up?

Concepts and Activities for Grades 5–6

Concept: All living things die.
Activities: Show the filmstrip, "Why did Buffy Have

to Die?" (Society for Visual Education, 1978d). Point out that all living creatures have a life cycle and that death is a natural part of life. Identify the length of the life cycles of various plants and animals.

Concept: People die in different ways
Activities: Make a list of the ways people die. Name a person you knew who has died. Tell how or why they died and something special you remember about them.

Concept: People who are dying react in different ways.
Activities: Put stages of the grieving process on the chalkboard. Point out that people do not necessarily go through these stages at all and if they do, they may not go through them in order.

Concept: People feel different emotions when they suffer a loss.
Activities: Read *Accident* by Carol Carrick (1976).

1. Ask the children to share newspaper clippings about death.
2. Ask the children to share feelings about a person they knew who died.
3. For homework, ask children to read Chapter 10 in *Learning to Say Goodbye: When A Parent Dies* by Eda LeShan (1976).
4. Show the filmstrip, "My Turn to Mourn" (Society for Visual Education, 1978c). Talk about why it is good to express feelings about death. Also identify the different ways a person can mourn.
5. Show the filmstrip, "I'll Miss Gram a Lot" (Society for Visual Education, 1978b). Identify feelings about death. Discuss how to deal effectively with feelings about one's own death and the death of a loved one. Help the children understand the need to grieve and the purpose of grief.
6. Discuss stages of the dying patient in relation to feelings that we have when someone dies. Point out the feelings, such as anger, that the girl has in the filmstrip.
7. Discuss the question, "What emotions besides sadness do people feel when someone dies?" Emphasize that people sometimes feel guilt, fear, anger (sometimes directed toward the dead person) and that it is not necessary to be ashamed of these emotions.

Concept: We have ways of coping with death.
Activities: Have students list the ways we cope with death. Examples include going to funerals, expressing our feelings (such as not being afraid to cry), cherishing our memories about the deceased and after a period of grief realizing that we can live a good life in spite of the death. Discuss the question, "Why do small children need to share sadness?"

Concept: Life is worth living.
Activities: Give students information and statistics about suicide (see Lee, 1978).

1. Discuss the question, "Why shouldn't we commit suicide?" (Because it hurts other people; you can never be sure things will stay as bad as you think they are; it is so final.
2. Discuss alternatives to suicide.
3. Draw a large headstone. Have students record their names, birthdates, and epitaphs. Some of the epitaphs can be humorous. The purpose of this assignment is to help students focus on what sort of people they are and how they feel about themselves.

Concept: We all leave things behind when we die.
Activities: Read about wills in the "W" encyclopedia.

1. Discuss the question, "When we are dead, is it like we were never here?"
2. List the things you leave in the world (examples: memories, books, recipes, children, art work).
3. Write wills.
4. Show the filmstrip, "Playing Dead" (Guidance Associates, 1973). Emphasize that although people are gone we still have memories of them.

Concept: Knowing about death helps us to appreciate life.
Activities: Have children write a paragraph about what they would do if today were the last day of their lives or what they would do if they had 1 year left to live. The purpose of this activity is to let children become aware of how important time can be. It also indicates what activities in life are

important to tell. Discuss the question, "What does death remind us about life?" (Life is precious. It is important to make life matter.)

Concept: There are certain activities that surround a death.

Activities: Take the class on a field trip to a funeral home. Visit the embalming room, casket room, and chapel. The funeral director may discuss the value of having a funeral.

1. Take the class on a field trip to a local cemetery. Have a local minister, priest, or rabbi meet you there to give a sample of the funeral rites. This activity can be coordinated with history and art lessons by discussing historical figures buried in the cemetery and by having students do rubbings from headstones. To make rubbings, select ornate headstone designs, place paper over the design, and rub the surface of the paper with crayons or colored chalk. The designs will appear on the paper.
2. Show the filmstrip, "Facing the First Goodbye" (Society for Visual Education, 1978a). Ask students to name some of the duties of a funeral director. Talk about what happens in a funeral home. Compare modern funeral customs to ancient funeral customs.

Guidelines for Death Education

Death is a very sensitive topic to include in the school curriculum. We recommend sending a note home to obtain parental consent. Those children who do not want to participate may be given other assignments and may be excused from class during the death unit. Our experience has been that most children will want to participate.

We have provided some concepts and activities that could be used on the elementary school level. Counselors are required to do more than conduct activities in the classroom. Numerous pitfalls should be avoided and various positive actions should be taken. It seems simplistic to list do's and don'ts; however, such a list may be helpful in initiating death education. Because of space limitations, the list is limited to a few important suggestions.

1. Do let children express their feelings and opinions. It is is important to let students know that expressing their feelings is normal and desirable. Too often we tell others to "Be brave" or "Don't take it so hard" because we are uncomfortable seeing children upset. These feelings should not be repressed .
2. Do use simple and direct language in explaining things about death. A very complicated or detailed explanation may confuse children. Remember that children are at different developmental levels in terms of their ability to understand the concept of death. Help children to understand death by saying, "Mary is dead. She will never come back. It is not like make-believe cartoons or cops and robbers. It is real. Mary is dead. But we still have our memories of her."
3. Do begin with material that arouses the least emotion and progress to subjects that arouse the most emotion. In this way children will be able to get used to talking about death and will be less likely to be overwhelmed.
4. Do help children know that they are not responsible for the death of a loved one. Often children have magical thinking related to death and believe that wishing someone was dead or thinking bad thoughts about someone causes that person to die. Reassure children that this is not the case.
5. Do present material in a nonmoralistic fashion. In relation to the topic of an afterlife, it is best for the teacher to present the idea that some people believe in an afterlife and some do not. Students can be asked to explore this topic with their parents, and if they go to a church or a synagogue, they can explore the topic there.
6. Do be sensitive to children who may have emotional or negative reactions to the unit. Although most children will have positive reactions, some may experience increased anxiety about death, nightmares, or insomnia. Occasionally students may be visibly upset in class. These reactions do not necessarily mean that the student should no longer participate in the unit. Sometimes allowing a child to be upset may be therapeutic. Of course, the counselor must use professional judgment in each individual case .
7. Do not tell children that sickness is the cause of death without further explanation. It might be

helpful to explain that only a very serious illness may cause death and that we all get sick sometimes but we almost always get better. Otherwise, children might be afraid of death when confronted with minor illnesses. Similarly, it is unwise to explain the cause of death as being old age. Statements such as, "Grandma died because she was old" will become confusing when children see that younger persons die as well. It might be better to explain to the children that most people live a long time and that you expect them to live a long time, too.

8. Do not tell children things that are false. Do not tell children that a dead person is sleeping or has gone on a long trip. These explanations can cause undue fear of sleeping or trips. And students will find out that these explanations are not true.

9. Do not give children the idea that you have all the answers about death. Let them know that there are some things that are not understood about death.

References

Abbott, S. (1972). *Old dog.* New York: Coward, McCann and Geoghegen.

Brown, M. W. (1958). *The dead bird* (Reading, MA: Addison-Wesley.

Carrick, C. (1976). *Accident.* New York: Seabury.

Guidance Associates. (1973). Playing dead. In *Understanding changes in the family* (Filmstrip kit). Pleasantville, NY: Author.

Lee, E. E. (1978). Suicide and youth. *Personnel and Guidance Journal, 57,* 200–204.

LeShan, L. (1976). *Learning to say goodbye: When a parent dies.* New York: Macmillan.

Society for Visual Education. (1978a). Facing the first goodbye. In *Death: Facing the loss* (filmstrip kit). Chicago: Author.

Society for Visual Education. (1978b). I'll miss Gram a lot. In *Death: Facing the loss* (filmstrip kit). Chicago: Author.

Society for Visual Education. (1978c). My turn to mourn. In *Death: Facing the loss* (filmstrip kit). Chicago: Author.

Society for Visual Education. (1978d). Why did Buffy have to die? In *Death: Facing the loss* (filmstrip kit). Chicago: Author.

Viorst, J. (1971). *The tenth good thing about Barney.* New York: Atheneum.

Suggested Resources

Anthony, S. (1972). *The discovery of death in childhood and after.* New York: Basic Books.

Bluebond-Lansner, M. (1977). Meanings of death to children. In H. Feifel (Ed.), *New Meanings of death* (pp. 47–66). New York: McGraw-Hill.

Dahlsren, T., & Praser-Decker, I. (1979). A unit on death for primary grades. *Health Education, 10,* 36–39.

Eddy, J. M., & Alles, W. F. (1983). *Death education.* St. Louis: C. V. Mosby.

Mills, G. C. (1979). Books to help children understand death. *American Journal of Nursing, 79,* 291–295.

Nagy, M. (1948). The child's theories concerning death. *Journal of Genetic Psychology, 73,* 3–27.

National Institute of Mental Health. (1979). *Talking to children about death* (DHEW Publication No. ADM 79-838). Washington DC: U.S. Government Printing Office.

Marjorie Brookshire is a child guidance specialist at Mary Todd Elementary School in Lexington, Kentucky.

Melody P. Noland is an assistant professor in the Department of Health, Physical Education and Recreation at the University of Kentucky—Lexington.

This article originally appeared in the journal *Elementary School Guidance and Counseling* and is reprinted here with permission from the American Association for Counseling and Development.

Using Guided Fantasy With Children

Ron F. Anderson

The teacher erases the math problems from the board, while the children scatter in various directions to form small groups. A new learning task is about to begin. At one table six children are eagerly and noisily putting on head phones. One child pushes the play button on a cassette tape recorder, and the group begins to quiet down. An air of unusual relaxation and stillness sets in as heads rest on tables and eyes close. Each child is listening to a taped guided fantasy. In their imaginations they will run and play in the woods and fields. They will take a boat ride on a smooth lake and relax while enjoying a warm, pleasant day. In future sessions reading activities will gradually be introduced into these pleasant fantasies. Eventually the children will imagine themselves successfully reading before their class and receiving praise from the teacher.

Fantasy techniques have been applied in a variety of situations to help young clients work through emotional problems and blocks (Kelly, 1972). Investigators in this field have demonstrated that fantasy methods can facilitate the desensitization process in eliminating childhood phobias (Lazarus, 1971), can reduce test anxiety (Deffenbucher & Kemper, 1974), and can control acting-out behavior (Anderson, 1975). The use of fantasy has also helped children to relax in various school situations (Davis, 1969; Koeppen, 1974). Therapists and counselors who have used fantasy as a therapeutic tool agree that its potential to help the healing process is great.

The use of fantasy in developmental guidance classes has also become more popular in recent years. Wittmer and Myrick (1974) suggested using fantasy with large groups or classes to increase a student's level of emotional involvement. In guidance classes many students have difficulty identifying with emotionally laden issues discussed in the group. A group fantasy can provide a relaxed and nonthreatening environment that is conducive to increased awareness of feelings related to the topic being discussed. While engaged in a fantasy, a child is extremely relaxed. Material that previously evoked anxiety or was submerged becomes less frightening and more accessible. Rossman and Kahnweiler (1977) used a fantasy approach with intermediate grade students to teach them how to relax and reduce the amount of tension they experience during a school day. In his classic book on imagination games, *Put Your Mother on the Ceiling* (1955), DeMille stated that continued use of fantasy activities in the classroom helps children gain a sense of control over what happens in their lives. After twenty years of using guided fantasy with groups of children, DeMille believes that he can teach children how to use fantasy constructively in their lives and to live more creatively. Castillo (1974) used DeMille's fantasy games and those she developed with her first-grade class. While trying to facilitate the creative and cognitive growth of students, Castillo discovered that children could be taught how to gain control of their emotions and

their fantasy life and that such control greatly enhanced the overall learning process.

What is Fantasy?

Fantasy is at the core of the thinking/learning process. Images elicit a conditioned response that we have previously learned. As you read the words *a winged animal soaring high above the earth,* what images comes to your mind? Research indicates that there are two major systems for coding and storing material for later retrieval, a verbal-linguistic code and an imagery code (Singer, 1975). The verbal-linguistic coding system is learned during childhood and is the more efficient system. In education we have concentrated almost solely on learning to use this system. Although less efficient, the imagery system of coding develops earlier in life and provides a basis for incorporating experiences in more detail. A well-known example of how the imagery system works is reflected in the task of determining how many windows a person has in his house. Most people create a image of their house and actually count the number of windows. From his studies based on brain-probe stimulation of persons with epilepsy, Penfield (1975) discovered that memories of events could be recalled in their entirety. This recall included visual images, affects, sounds, and even touch and taste. Although we use both the verbal-linguistic and imagery process for storing information, the structure of our educational system emphasizes the verbal-linguistic process as the primary agent for retrieving information. The works of both Singer and Penfield indicate that thinking through imagery is a natural and available process that may have distinct useful advantages.

The importance of the imagery system is only now being explored. Studies on dreams indicate that much of our daily experience is processed and integrated in images during sleep and periods of daydreaming (Foulkes, 1966). The research further indicates that if we are deprived of our dream activity, we suffer psychologically. Singer (1974) concluded that these findings demonstrate a need to daydream, to fantasize, and to use our imaginations.

Following the lead of Singer, Foulkes, and Penfield, practitioners in the helping professions have begun to experiment with the controlled use of fantasy and imagery to assist their clients (DeSoille, 1966; Leuner, 1969; Wolpe, 1974). They discovered that in the relaxed state of inwardly focused attention, a person is able to bring out material that they need to acknowledge and deal with. This material is not stripped of its affect and can be discussed and reintegrated in the therapeutic environment of counseling or therapy. Educators (Brown, 1971; Castillo, 1974; DeMille, 1955) have also begun to realize that fantasy can enrich the growing/learning process in children. By employing fantasy approaches children can be taught to understand and manage their emotions. Students respond with more creativity and motivation and are more relaxed when fantasy is used as a mode of instruction (Hendricks & Roberts, 1977; Wittmer & Myrick, 1974).

Guidelines for Using Fantasy

Counselors need to be aware of factors that detract from or facilitate a successful fantasy experience. How the counselor introduces the process, structures the fantasy, and concludes the experience will often determine if the child or children are able to tap their powers of imagery.

Even before the fantasy is begun there are several things counselors need to consider. Before using a guided fantasy experience designed for a specific purpose, counselors should "try out" the fantasy on themselves. This trial run can help the group leader develop an appreciation for what the client will go through and better judge the timing of his or her directions. Before the fantasy is undertaken, some explanations about the process are recommended. In addition, it is advisable to emphasize strongly that the child is always in control, for example:

> *Today we are going to use our imaginations to make pictures of some things in our minds. These pictures are like movies in your head and you can make anything happen in them you like. You may learn some new things about your feelings or how you behave.*

To help the child relax, the following exercises are often used (Keat, 1977):

Relax and close your eyes (lying down is often helpful). Let your body be very loose like a floppy doll. Take a couple of nice big breaths. That's right, in...and out...As you breathe out, you will become more relaxed. Let your body sink down into the floor (chair)....

To begin the fantasy, start out with a few simple experiments that will help the child understand what is expected:

Let your mind be a big blank screen with nothing on it. Now imagine a lemon. Notice what it looks like...what is the skin of the lemon like?...what would it be like to touch the skin of the lemon? Now, imagine the lemon is being cut in half with a knife...squeeze the lemon and watch the juice drip out...can anyone feel his mouth watering? If you can, nod your head. Now, let your mind become blank again. Picture your favorite food...is your mouth watering again? Open your eyes now and tell the group what you saw in your imagination.

In this introductory exercise, the child is asked to use many senses. As children become more skilled in using their fantasies, they will use all of their senses more fully. During this introduction, it may be necessary to remind some children to keep their eyes closed. If some children feel others are watching them, they often feel inhibited. It is also important from the beginning to use a soft, even voice. Music can help children maintain the relaxed and attentive state necessary for fantasy.

Once the children are acquainted with the process, the fantasy material specifically designed for that session can be introduced. During the main part of the fantasy, the leader continues to give direction with the same even, soft voice. After each new idea or symbol is introduced, ample time for reflection is needed. At some point in the fantasy, the children are encouraged to go off on their own and complete the fantasy as they like:

Now picture yourself doing something you like very much...how do you feel as you do this? Picture someone else there with you as you are doing this...what do you feel about them being there with you? If there is something you want to say to them go ahead and say it...let them respond to what you said. If there is anything else you would like to do before you come back to this group, do it or say it now....

At the conclusion of this fantasy, the children are asked to finish this encounter in any way they might wish. They are also being prepared for their return to the group. At this point in the fantasy exercise, the leader is attempting to bring the group members back to reality by introducing reality factors:

Let your mind go blank again. Now picture our room, here in your mind...what does the room look like?...who is in the room? When you are ready, open your eyes and look around the group....(When all eyes are open ask several group members to name objects, colors, and people in the room.)

During a follow-up discussion, all children are given a chance to share their experience. Judgment or interpretation by others is not permitted. Through the discussion, the counselor helps the children disclose feelings experienced in the fantasy and clarify what they may have learned about themselves. The discussion is oriented on how the children can use what they learned about themselves in their everyday lives.

Uses of Fantasy With Children

The use of fantasy as a technique can fit into transpersonal, developmental, or remedial programs for children. Hendricks and Willis (1975) and Hendricks and Roberts (1977) outlined how various techniques, including fantasy activities, can help integrate transpersonal approaches into a school curriculum. These activities focus on helping students develop in affective, intuitive, and creative areas. Such activities help students become centered by tapping feelings of balance and inner strength. Once a child is centered or psychologically balanced, he or she can function more effectively. Wittmer and Myrick (1974) discussed how fantasy activities can be used to facilitate classroom guidance sessions designed to promote understanding and communication of feelings as well as self-appraisal and self-awareness. The use of guided fantasy with

developmental guidance classes can increase students' emotional involvement, unlock creative solutions to problem situations, and give all students an opportunity to internalize and personalize the topic under consideration. In individual or group counseling sessions, fantasy can be used to facilitate the release of blocked emotions, the learning of new behavior, or the development of client insights. As counselors establish comprehensive guidance programs that include transpersonal, developmental, and remedial elements, it seems that fantasy activities can become a significant contribution in helping achieve program goals.

Following are descriptions of several fantasy techniques and how they can be used with children.

Centering With Music and Imagery

Before conducting a reading lesson in small groups, a teacher can have students sit back in their chairs and focus on their breathing. During this session, soft and flowing music is played. All of the children are instructed to let their thoughts become pictures that flow in and out of their minds with the music. They are asked to become detached observers of this process. After 5 to 10 minutes, the reading sessions begin. Teachers report that after just a few relaxation sessions, children are often more alert, attentive, and able to concentrate longer.

Self-Awareness: The Body Trip

A classroom guidance activity—a fantasy journey into the body—is designed to help students understand how feelings are often expressed in their bodies. The counselor asks all students to imagine themselves slowly shrinking to the size of a pea. The students are then asked to enter their bodies through their mouths. What follows is an exploration of each part of the body and how feelings are often expressed there (e.g., butterflies in the stomach, tension in the shoulders). After completing this activity with one group, one boy announced that he had a slight headache. The counselor asked the child to close his eyes, become small again, and go back into his body, and locate the source of his pain. After a minute, the boy came back and stated with a smile that his headache was gone. He disclosed that he found a big purple spot in his head and took a wet sponge and washed it off.

Uncovering Emotional Blocks

During a fantasy experience, children are encouraged to relax and let their thoughts and feelings surface naturally. Often children have access to material that they are unaware of. An example follows of how fantasy helped a second-grade boy reconstruct an event and identify particular feelings and concerns. This exercise demonstrates the use of fantasy to increase the field of awareness.

The counselor asked the boy to go over his morning in fantasy. He was instructed to imagine himself getting out of bed and doing everything he had done that morning. While describing his fantasy in the first person, he recreated his morning in his imagination. At one point his voice became tense, and he looked frightened. In response to a question about what he was afraid of, he related his fear of walking past a corner where some boys had once bullied him. The counselor used the fantasy activity to help the child become aware of feelings that were interfering with his normal functioning. Once the feelings were brought to the surface, they could be dealt with. Children are often unaware of the feelings and self-perceptions that affect their behavior. Through fantasy, this material can be uncovered and discussed.

Inhibition of Fears

Many school counselors have successfully used desensitization and emotive imagery procedures to help reduce the fears and anxieties of their students. Emotive imagery uses a fantasy technique in which students imagine noxious stimuli while they are totally relaxed and in proximity to something pleasing (Lazarus, 1978).

With a first-grade girl, emotive imagery was successfully used to help her overcome a phobia that resulted in her vomiting frequently in the classroom. In discussions with the counselor, the girl revealed that her favorite television character was Wonder Woman. Each session began with a series of muscle-relaxation exercises similar to those described by Koeppen (1974). By tensing and relaxing various

muscle groups, she learned how to achieve a relaxed state very quickly. A hierarchy of school-related, anxiety-producing situations was then mutually developed. After relaxing her body, she would imagine herself playing on the school playground (first step on the hierarchy) as Wonder Woman. She proceeded up the hierarchy of fantasy situations until she perceived some tension. She signaled the counselor when she began feeling tense by lifting her hand. At that point the counselor had her repeat the muscle-relaxation exercises and ended the session with a pleasant fantasy. After several sessions the child was able to imagine herself working in a classroom without feeling tense or anxious. The imagined feeling of being relaxed while working in the classroom carried over into the real school, as evidenced by the decrease and final disappearance of vomiting.

Learning New Behaviors

An important part of the counseling process with children is the learning of new, more appropriate behaviors. A new behavior that is not part of a child's previous experience can seem risky. The risk is often expressed through balking and reluctance or by resistance. By structuring a guided fantasy experience the counselor can provide a low-threat environment in which the child can try out a new behavior. The fantasy can be designed to maximize the chance for a successful completion of the behavior by adding built-in reinforcers to the experience.

For one group of fifth graders, a series of guided fantasies to be acted out was developed to supplement their learning how to handle their anger (Anderson, 1975). A hierarchy of 10 anger-producing situations was developed. The situations ranged from a mild anger-producing situation to an extremely provoking one:

1. A student receives a lunch he doesn't like.
2. A student isn't allowed to go the library as promised.
3. A student is kidded by a classmate about working slowly.
4. A student is pushed accidentally while standing in line.
5. A student's desk is pushed from behind.
6. A ball is knocked out of his arms.
7. A student is called a stupid pig.
8. A student is told to stay after school.
9. A friend is beaten up on the playground.
10. A student's mother is called ugly.

The counselor tape-recorded a series of stories in which another student talked about how he successfully handled his anger in these situations. After listening to the tape, group members were instructed to imagine themselves in these same problem situations. They were encouraged to conclude the problem as best they could and discuss their solutions with the group. Group members were able to learn how to inhibit aggressive responses to anger and try out these self-control reactions in the safe environment of their imaginations. Such experiences led to feelings of success and confidence—two key elements in incorporating these behaviors into daily activities.

Other uses of fantasy techniques include raising self-concepts through fantasized success experiences, finding resolution of self-doubt through a wise man or identification fantasy, and expanding alternatives through open-ended fantasies. Counselors who use fantasy techniques report these techniques can easily be adopted and integrated into counseling or guidance activities.

Cautions and Suggestions

There are some situations where use of fantasy may be inappropriate. Children with serious emotional problems who tend to retreat from reality would not benefit and can be harmed by such fantasy exercises. Counselors need to screen students before they begin out-of-fantasy activities. Although fantasy approaches are becoming increasingly popular with helping professionals, many others are still unsure about these activities. Because of negative connections held by some that are inappropriately associated with the term fantasy, some counselors call their activities creativity activities or imagination games. It may also prove helpful to make sure that parents, teachers, and children understand the process the counselor is using. The importance of an individual's control in the situation should be emphasized. If questioned about the similarity between fantasy and hypnosis, counselors need to

emphasize that fantasy is not hypnosis but rather simple, focused attention and imagination. Clearing up misconceptions and helping others understand the nature and function of fantasy can allay many fears.

The potential use of fantasy and imagery to the school counselor seems extensive. Researchers are indicating that the use of fantasy in counseling and related activities is indeed a powerful process. Fantasy has proved successful in counseling situations in elementary schools. Fantasy can reduce fears, lower tension and test anxiety, inhibit acting-out behavior, bypass emotional blocks, help children find alternative behaviors, and improve self-concept. As an adjunct to classroom and group guidance, fantasy has been used to increase self-awareness, elicit self-disclosure, and stimulate creativity.

References

Anderson, R. (1975). *Using a fantasy-modeling treatment with acting-out fifth grade boys.* Unpublished doctoral dissertation, University of Florida, Gainesville.

Brown, G. (1971). *Human teaching for human learning: An introduction to confluent education.* New York: Viking.

Castillo, G. (1974). *Left-handed teaching.* New York: Praeger.

Davis, D. (1969). Sense relaxation with children. *Elementary School Guidance and Counseling, 3,* 304.

Deffenbucher, J., & Kemper, C. (1974). Counseling test-anxious sixth graders. *Elementary School Guidance and Counseling, 9,* 30–34.

DeMille, R. (1955). *Put your mother on the ceiling.* New York: Viking.

DeSoille, R. (1966). *The directed daydream.* New York: Psychosynthesis Research Foundation.

Foulkes, D. (1966). *The psychology of sleep.* New York: Charles Scribner's Sons.

Hendricks, G., & Roberts, T. (1977). *The second centering book.* Englewood Cliffs, NJ: Prentice-Hall.

Hendricks, G., & Willis, R. (1975). *The centering book.* Englewood Cliffs, NJ: Prentice-Hall.

Keat, D. B. (1977). *Self-relaxation for children* (tape). Harrisburg, PA: Professional Associates.

Kelly, G. (1972). Guided fantasy as a counseling technique with youth. *Journal of Counseling Psychology, 19,* 355–361.

Koeppen, A. (1974). Relaxation training for children. *Elementary School Guidance and Counseling, 9,* 14–23.

Lazarus, A. (1971). *Behavior therapy and beyond.* New York: McGraw-Hill.

Lazarus, A. (1978). *In the mind's eye: The power of imagery for personal enrichment.* New York: Random House.

Leuner, H. (1969). Guided affective imagery (GAI): A method of intensive psychotherapy. *American Journal of Psychotherapy, 23,* 4–22.

Penfield, W. (1975). *The mystery of the mind: A critical study of consciousness and the human brain.* Princeton, NJ: Princeton University Press.

Rossman, H., & Kahnweiler, J. (1977). Relaxation training with intermediate grade students. *Elementary School Guidance and Counseling, 11,* 259–266.

Singer, J. (1974). *Imagery and daydream methods in psychotherapy and behavior modification.* New York: Academic Press.

Singer, J. (1975). *The inner world of daydreaming.* New York: Harper & Row.

Wittmer, J., & Myrick, R. (1974). *Facilitative teaching: Theory and practice.* Pacific Palisades. CA: Goodyear.

Wolpe, J. (1974). *The practice of behavior therapy.* New York: Pergamon.

Ron F. Anderson is an elementary guidance consultant at the North Carolina Department of Public Instruction in Raleigh.

The article originally appeared in the journal *Elementary School Guidance and Counseling* and is reprinted here with the permission of the American Association for Guidance and Counseling.

Rechanneling Anxieties

Gerard Giordano

Snakes. Razors. Spiders. Darkness. Being alone. Stray dogs. Flying. Large crowds. Strangers. Speaking before a group. How many of these topics evoke anxiety from an individual? If all of them do, that person is not necessarily abnormal. If none of them does, that person may well be abnormal.

Psychologically healthy persons are neither dominated by fear nor oblivious to it. What characterizes healthy personalities is the ability to recognize and regulate anxiety. Like pain, fear is unpleasant. But, like pain, it has the equilibrating function of keeping persons alert to danger. It is the inability to cope with anxiety rather than anxiety itself that is deleterious.

Speaking, reading, writing, or listening to information about topics that evoke anxiety can help one recognize or reduce that anxiety. When the topic of a learning activity focuses upon a source of anxiety, the topic can increase attention, retention, understanding, and the motivation to communicate. Under these circumstances, anxiety has a salutary effect by providing an intrinsic rationale to solve scholastic problems. And the act of communicating about a source of anxiety may by itself reduce that fear.

To discover what children fear, an anxiety inventory can be administered. Many such inventories are available. For example, the ten items listed in the first paragraph of this article could be used as an anxiety inventory. One could arrange the topics in a list and ask participants to designate each topic by an adjective describing a stage of fear. The drawback of self-report inventories is that some students don't answer truthfully. And because the inventory itself may be viewed with anxiety, the responses can be biased.

Diagnostic inventories designed for clinical use would be inappropriate for classroom application. Teachers would require training in the administration and interpretation of the inventories. And persons other than the teachers might misunderstand the rationale for administering a clinical inventory in a classroom. Instead, instructors can investigate the sources of anxiety in the context of classroom activities. The following five activities are compatible with virtually any curriculum or set of instructional procedures. All of the activities have the potential to reveal attitudes and thoughts of children. Additionally, the activities provide a noncoercive format for restructuring attitudes and thoughts when reorganization is appropriate.

Thematic Units

Thematic units are collections of books, films, or magazine articles that relate to a common topic. When working with students in the early elementary grades, a thematic unit on fear of the dark or separation from family members would be appropriate. Teachers do not have the time or expertise to prescribe books that correspond to the poignant problems that individual students are experiencing. Nonetheless, there are predictable problems in response to which children at different ages experience anxiety. An instructional unit that employs

materials centering on one of these predictable problems will be viewed with interest by the students for the same reason that a unit on sex and procreation is viewed by adolescents in biology classes as more interesting than a lecture on cell division. Reading, writing, speaking, and listening skills can certainly be taught with thematically organized materials. There would also probably be an opportunity to teach creative, artistic skills. And such units could introduce or reinforce concepts that were coincidentally related to a science or humanities curriculum.

Research Reports

Research reports can be based on a topic that students select from a list assembled by the instructor. Figure 1 is a list intended for instructors. However, this list can be modified by identifying those topics that are relevant to a specific subject in the curriculum. Children can investigate topics in which they are interested by consulting textbooks, materials collected by the instructor, or library resources. When children share their reports with each other, they may be impressed by their classmates' different responses to the identified topic. Alternatively, they may be struck by the reports of peers on topics that intrigued them but which they avoided because of the anxiety those topics evoked.

Figure 1
Topics that Are Likely to Evoke Anxiety

Crowds	Wounds
Being left alone	Death
Falling	Dentists
Lightning	Heights
Snakes	Monsters
Airplanes	Injections
Insects	Deep water
Fire	Sickness
Animals	Elevators
Rodents	Enclosed areas
Darkness	Sharp objects
Strangers	Bats
Cemeteries	

Classroom Visitors

Classroom guests offer an opportunity to restructure the thoughts of students. A person with a pet snake can discuss reptile lure. A police officer can diminish fears through an explanation of the procedures for reuniting lost children with their families. Dentists, doctors, nurses, or morticians have similar opportunities to reduce fears. A sky diver, mountain climber, scuba diver, or animal trainer can address the special attraction of a hobby that at first might seem dismaying.

Pictorial Displays

On a bulletin board, pictures that correspond to topics such as those in Figure 1 can be displayed. If children exhibit interest, that picture can be discussed. Or the teacher can build upon the student interest with a complementary, thematic unit of books and films.

Written Dialogue

Dialogue notebooks are part of an activity in which students regularly contribute to a journal. The writing is not corrected with respect to penmanship, spelling, or grammatical form, which teachers may correct in other writing assignments. Students write about any topic that they choose. The teacher provides responses on a regular schedule. The unrestricted writing of students can reveal the impact of a classroom guest, a thematic unit of books, or a bulletin board. Or the writing can reveal opportunities for topical units of which the instructor would otherwise be unaware. A dialogue notebook is part of an activity which, like all of the preceding activities, requires neither elaborate materials nor special training.

Advantages

All of the preceding activities could be integrated into typical classroom operations. The activities present opportunities for observing students and for

developing rapport with them. The activities provide a format against which to present instruction on basic communication skills. Additionally, the activities are an opportunity to motivate students by impressing them with the functional relevance of classroom learning to the problems they are experiencing.

Gerard Giordano is a professor in the Department of Curriculum and Instruction in the College of Education at New Mexico State University in Las Cruces.

This article originally appeared in the journal *Academic Therapy* and is reprinted by permission.

Do More Than Tie a Yellow Ribbon...

American Association for Counseling and Development

We at AACD welcome the opportunity to make this publication available to everyone dedicated to helping the men and women in the "Gulf War" and their families during this time of national crisis. As counselors and human development professionals we recognize our duty and responsibility to encourage moral, emotional, and psychological calm in the minds and lives of society, and to provide sources of comfort, encouragement, and hope.

Do More Than Tie A Yellow Ribbon...

Counselors and human development professionals give tips on helping friends, neighbors, children, and parents through a period of military conflict.

Helping children...

...Let children talk, talk, talk about their feelings... help young children draw pictures and use play to express their feelings of fear, loneliness, sadness, or anger.

...Be honest. Let children know you have concerns too. Acknowledge the seriousness of the situation. Use discussion openers such as, "I know you are worried, let's talk," rather than, "Don't worry." This helps children feel you understand and you're not ignoring their fears.

...Empower children by giving them things they can do to work for peace...write letters/draw posters.

...Hold a geography lesson with maps and a globe. Young children do not always understand the difference between something that is happening half a world away and an activity happening half a block away.

...Empower older children by encouraging study and discussion about current events and the history leading up to these events. Lead discussions about cultural diversity and conflict resolution.

...Avoid political debates that may divide or upset children or leave them with mixed emotions... especially in groups of children that include some who have loved ones involved in the military conflict, and others who do not.

...Be calm...Children may be upset by emotional outbursts and they will often cope in the same manner as you do.

...Limit time spent watching TV news programs...it's frightening to have the war in your own home.

...At school: Be on the lookout for changes in academic performance and classroom behaviors; alert specialized pupil services personnel (i.e. school counselors, school social workers, school psychologists) of any changes.

...At home: Be on the lookout for changes in appetite, behavior, or sleep patterns; alert specialized

human services personnel (i.e. family counselor, pediatrician) of any changes.

...Maintain regular routines wherever possible at home and at school...familiar routines provide a sense of security.

...Be sure to express hope. Assure children that the United States has survived other wars and that we have faith that this situation will have a positive resolution as well.

Helping adults...

If you are an adult with a loved one who is involved in the military conflict...seek out counseling support groups where you can talk freely with other adults about your own fears, and where you can display emotion freely.

...Engage in physical exercise to relieve stress... walk, run, swim, bicycle.

...Seek out professional help. Along with shouldering a host of new responsibilities you may find yourself experiencing a wide range of psychological and physical symptoms: sleeplessness, lack of concentration, mood swings, etc. Talk to a professional counselor, your physician, a member of the clergy, or any other trained health-care professional with whom you feel comfortable.

...Moderate time spent in front of the television set both for yourself and family members. Constant television can heighten anxiety unnecessarily and keep you away from important exercise and family activities.

...Keep a journal. Express your feelings in writing and, at the same time, keep a record of family activities you can share with your loved one upon his/her return.

...Reach out to your neighbors, friends, colleagues, extended family members for help—whether it be for emotional support, or mundane tasks such as shopping, cleaning house, or cooking a meal. This is not time to "go it alone." Friends and extended family members may be wanting to help in any way possible, but they may not know what you need or how to ask.

...Remember to keep joy and laughter in your life...play is essential to both children and adults.

...If you are a neighbor, parent, friend, or work colleague of an adult with a loved one who is involved in the military conflict...remember, he/she will have feelings of isolation and helplessness—a supportive note, phone call, or visit will go a long way.

...Families with a loved one who is away can use all kinds of volunteer services—from babysitting to bookkeeping to legal services. If you are a friend or extended family member, offer to be an extra driver in a pinch, or do a run to the grocery store, or perform an oil change on the family car.

...If you are a veteran, or the family member of a veteran who was involved in a prior military conflict...be aware that current events may cause you to experience trauma reactions that are associated with unresolved past experiences. You may suffer flashbacks, anxiety, sleep disturbances, or other upsetting emotions. If this occurs seek professional help.

...If you yourself are directly involved in the military conflict...be aware that at any point in time, you may develop trauma stress reactions: sleep disturbances, problematic interpersonal relationships, feelings of anxiety and/or vulnerability, mistrust of self and/or others...understand that your reaction is a normal human reaction to abnormal life events. Trauma stress reaction is not a mental illness or personality disorder; it is the violence of war that is abnormal...seek professional help in dealing with your reactions.

Prepare yourself for going home. Don't expect that normal family routines will be resumed immediately. You and your family have all been through a stressful event—give yourselves time and be patient with yourself and each other. Seek out professional family counseling to help you through the transition.

Where to write for counseling services or referrals...

National Board for Certified Counselors (NBCC). To obtain a list of National Certified Counselors in your area, write (and include a self-addressed, stamped #10 envelope) to: NBCC, 5999 Stevenson Avenue, Alexandria, VA 22304.

National Academy of Certified Clinical Mental Health Counselors (NACCMHC). To obtain a list of Certified Clinical Mental Health Counselors in

your area, write (and include a self-addressed, stamped #10 envelope) to: NACCMHC, 5999 Stevenson Avenue, Alexandria, VA 22304

American Association of State Counseling Boards. To obtain a roster of state boards that regulate the practice of professional counselors, write (and include a self-addressed, stamped #10 envelope) to: Mississippi State University, P.O. Drawer GE, 208 Montgomery, Mississippi State University, MS 39762.

International Association of Counseling Services (IACS). To obtain a list of accredited centers, and agencies in your area, write (and include a self-addressed, stamped #10 envelope) to: IACS, 101 South Whiting Street, Suite 211, Alexandria, VA 22304.

This brochure was created as a service to the public by the American Association for Counseling and Development. AACD gratefully acknowledges the many counseling and human development professionals who contributed to this publication, most notably Norma Colwell, MA, NCC; John McFadden, Ph.D., NCC; David Niles, Ed.D., CCMHC; and Janet Wiley, Ed. Spec.

Reprinted with permission from:
American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304

This publication is available in minimum bulk quantities of 100. A nominal fee of $20 per hundred is required to cover printing cost. Call toll free 1-800-347-6647 or write order services at AACD.

Essential Elements of a Teacher In-Service Program on Child Bereavement

Bruce Cunningham and Jan Hare

As many school counselors can testify, it is distressing and painful for young children to experience the death of a sibling, parent, or, more frequently, a grandparent. The loss of other much-loved figures such as family, friends, pets, or a classmate may also cause a child to grieve. Symptoms of bereavement are not left at home and are well documented by educators in the classroom (Evans, 1982; Fredlund, 1977; Rosenthal & Terkelson, 1978; Ryerson, 1977). Typically, children ages 3 to 9 years experience a disruption of *habit patterns* and they may also experience depression, psychosomatic disorders, adjustment disorders, and conduct disorders (Nagera, 1970; Rando, 1984; Raphael, 1983).

The bereaved child faces a threefold task of (a) coming to terms with death, (b) grieving, and (c) resuming the appropriate progression toward development of personality (Furman, 1984). School counselors and teachers who are sensitive and skilled can help children accomplish these tasks. Unfortunately, many teachers feel neither comfortable nor adequately trained to offer support to bereaved children (Brennan, 1983; Mosley, 1976; Pratt, Hare, & Wright, 1987). Consequently, teachers are not able to help young children resolve grief in a healthy manner and may inadvertently complicate the grieving process through such behaviors as omissions, refusals to answer questions, diverting techniques, and negative nonverbal messages. This lack of help may lead the child to a diminished capacity to understand what has happened and a corresponding increase in grieving symptoms.

Experimental efforts (Hare & Cunningham, 1988; Molnar-Stickels, 1985) suggested that with some training in child bereavement, teachers can become more effective in assisting the child with the grieving process. Furthermore, school counselors seem to be likely candidates to provide this training because of their expertise in helping children with personal socioemotional concerns. The remainder of this article builds on previous training efforts and describes the essential elements of a bereavement in-service program for teachers. Particular attention is paid to the existing knowledge and misconceptions teachers of young children possess regarding child bereavement. The important issues of increasing teachers' comfort in communicating about death and supplementing a knowledge base with exercises designed to build skills in helping children cope with grief are also discussed.

In-Service Format

The minimum amount of time for this in-service program is 4 hours. The program has been conducted as a single 4-hour session (Hare & Cunningham, 1988) and can be offered during a preschool conference day or other in-service day. The content of the in-service program can also be adapted to four 1-hour afterschool sessions because each of the following sections takes approximately 1 hour: (a) awareness of children's bereavement behaviors, (b) awareness of children's perceptions of death, (c) awareness of personal attitudes toward death, and (d) exercises in dealing with bereaved children's concerns. The fifth section of the in-service program, which consists of a list of resources, can be distributed to the participants. Optimal group size for the exercises and discussions is approximately 25 participants.

Teachers' Knowledge and Concerns Regarding Child Bereavement

An effective child bereavement in-service program must first take into account the existing knowledge and immediate concerns of the teachers. Results of a pilot bereavement training program (Hare & Cunningham, 1988) suggest the following general impressions regarding teachers' knowledge of childhood grief and bereavement:

1. Teachers recognize that children experience feelings of loss, but they are unaware of the range of behaviors that children may manifest in response to the death of a significant person in their lives. Teachers are concerned about recognizing the behaviors in bereaved children that may indicate that professional help is warranted.
2. Teachers have misconceptions about the expected duration of children's grief. Several expressed the belief that children "should be over it within a few weeks," when the grieving process may, in fact, be much longer.
3. Teachers understand that age influences children's understanding about death, but teachers are less aware that children's previous experiences with death can also have a major influence on their conceptual awareness .
4. Teachers are unclear about their role in helping a grieving child. Many expressed the belief that it was necessary to respond in some way that would be helpful to an individual grieving child or a classroom of bereaved children, but they were concerned about possible disapproval by the parents.
5. Teachers have limited awareness of currently available resources that would enable them to incorporate information on death and grief in the classroom. Teachers greatly appreciated being informed of curricular and community resources that deal with these topics.

Elements of a Child Bereavement In-Service Program

Awareness of Children's Bereavement Behaviors

Because teachers seem to have concerns and misconceptions about children's grieving behaviors, school counselors should address this as the first element in a bereavement training program. Teachers need to understand the typical range and likely duration of symptoms in bereaved children. It is essential for teachers to understand that grief is very much an individual matter and that each child will experience a grieving process that is "normal" for him or her. Teachers should also be made aware of the factors that influence bereavement in each child. These factors may include the degree of attachment the child had to the deceased, the suddenness of the death, the child's previous experiences with death, the amount of assistance in grieving the child has received at home, and, finally, the individual differences among children. While keeping this perspective in mind, teachers also need to know the type, intensity, and duration of behaviors that indicate that professional help is warranted.

Teachers seem most curious about children's responses to bereavement, and nearly all will be able to cite examples of these behaviors by bereaved children that they have had in their classrooms. Beginning the in-service program with this information in a discussion format will allow those

teachers who are less familiar with children's grieving behaviors to become more knowledgeable. The school counselor can guide this discussion to increase the teachers' awareness of children's bereavement behaviors.

Awareness of Children's Perceptions of Death

A second element of a bereavement training program should involve the school counselor educating teachers about children's developmental knowledge of death. Familiarity with young children's preoperational (2 to 6 years of age) and concrete operational (6 to 12 years of age) conceptualizations as based on the work of Childers and Wimmer (1971), Furman (1984), Nagy (1948), and Wass and Corr (1984) is essential for assisting young children in grieving. According to this Piagetian perspective, young children think in qualitatively different ways than adults. Rather than reasoning deductively or inductively, young children tend to reason intuitively, moving from particular to seemingly unrelated particular. For example, the frequently used explanation that death is "just like going to sleep" may make sense to an adult, yet may be interpreted literally by young children. Consequently, this well-intentioned explanation may lead to subsequent bedtime fears (Hare & Skinner, 1988).

Most teachers have some familiarity with the characteristics of preoperational and concrete operational thinking. A didactic presentation that applies these modes of thinking to the concept of death can increase teachers' awareness of how young children conceptualize death. Teachers are often willing to share and discuss personal experiences that illuminate young children's understanding of death. This approach of lecture and discussion has produced significant gains in knowledge of grief with teachers of young children (Hare & Cunningham, 1988).

Awareness of Personal Attitudes Toward Death

A third element of a bereavement program should involve experiences that help teachers achieve some understanding of their own thoughts, feelings, and attitudes toward death. Although young children may be distressed by death because it is a new experience, familiarity seldom makes it less distressing for adults. In a death-denying culture such as the United States, many adults have not sorted out their personal understanding of death. This is an important consideration because a teacher's attitudes toward death will affect the communication between teacher and child.

School counselors must also examine their own thoughts, feelings, and attitudes toward death before assisting teachers with this same task. Methods for achieving this goal should include attending a workshop on bereavement, grieving, or death education; reading current books such as Gordon and Klass (1979), Grollman (1967, 1976), Hare and Courier (1987), and Kubler-Ross (1983), and special editions of journals (Carroll, 1977); and discussing personal attitudes toward death and dying with other professionals.

School counselors can devise many exercises to help teachers clarify their own attitudes toward death (Nelson, 1977). The Leming Death Fear Scale (1979-1980; Leming & Dickenson, 1985) has also been used for this purpose (Hare & Cunningham, 1988; Hare & Skinner, 1988). This 26-item questionnaire asks individuals to give their first opinions or impressions to statements about their own death. Responses are recorded on a Likert-type rating scale. These statements are grouped into eight areas of (a) fear of dependency on others while dying, (b) fear of pain, (c) fear of indignity, (d) fear of isolation/separation/loneliness, (e) fear of afterlife, (f) fear of the finality of death, (6) fear of leaving loved ones, and (h) fear of the fate of the body. Subsequent discussion can focus on the areas that provoked the most and least fear, on reasons why some areas produced more concern than others, and on ways in which religious beliefs affected death fears.

Exercises in Dealing with Bereaved Children's Concerns

A fourth element of a bereavement in-service program involves exercises, such as role playing, that give teachers practice in dealing with common situations they will encounter with bereaved children. This element is essential to an in-service

program because quasi-experimental studies of the effects of bereavement programs found that knowledge about bereavement alone may not be enough to induce teachers to assist bereaved children (Hare & Cunningham, 1988). A particularly useful exercise is one in which teachers generate responses to children's common questions and comments regarding death such as those compiled below (Hare & Skinner, 1988).

Expressions of Feeling

"Why does God want to take my Mom?"
"It's not fair. I need her to be with me."
"My heart is broken."
"I hate God."
"Sometimes I just feel so sad "
"There's just something missing all the time. I just feel like something is missing."
"Why do I cry when I think of him?"
"Does Daddy miss him?"
"It makes me sad to think about his dying the way he did."
"Do we miss him?"

Concern for the Body and Life After Death

"Where is she now?"
"What happens to her in the grave? Does she keep her glasses?"
"Where does Grandpa go when he's buried?"
"Is dying the end forever?"
"Where is he now! Will we see him again?"

Concern About Cause of Death

"Why did she die?"
"What did they do in the ambulance?"
"Does everyone die who goes to the hospital?"
"Does cancer grow in you or do you catch it like a cold?"
"Will I ever get cancer?"

Teachers can work together in small groups of two to four teachers to respond to these comments, and can then share and discuss their responses with the whole group. A general format for responding to young children's questions about death includes five steps: (a) reflecting, a Rogerian technique, what the child is really asking, or asking a question to clarify the child's concerns; (b) keeping in mind the developmental understanding the child has regarding death; (c) responding in a timely fashion rather than delaying or diverting the question or comment; (d) giving an honest response that will increase the child's understanding about death without increasing fears or fantasies; and (e) providing emotional support to the child. This process is demonstrated in the following two examples.

Example l:

Child: "I hate God."
Teacher: "When we lose someone we love, we usually feel angry. Are you feeling angry with God because your mother died in that accident?"
Child: "Yes, I am "
Teacher: "It's OK to be angry. If you let yourself feel angry, then after some time the anger will go away."
Child: "But maybe I'll be punished for being angry with God."
Teacher: "I think God is big enough to handle your anger. God will probably understand your anger that you have lost your mother."

Example 2:

Child: "Where is he now?"
Teacher: "His body is at the funeral home, but the rest of your grandfather—the part of him that you love, the grandfather that took you fishing and made you laugh and fixed your bicycle is in your memory. As long as you remember him, he will still be with you."
Child: "Will we see him again?"
Teacher: "Do you believe you will see him again'?"
Child: "Yes, when I die I'll see him in heaven."
Teacher: "Yes, many people believe they will see all the people they loved when they go to heaven. When a person dies, we usually think a lot about him. It's important to keep those special memories."

School counselors can also use the small-group format for other exercises such as preparing a class

for the return of a bereaved child, writing a letter to parents of a class with bereaved children, discussing death with nonbereaved children, and generating teaching strategies about death education for young children (Nelson, 1977).

Awareness of Curricular and Community Resources

A final element in a bereavement in-service program involves providing teachers with a list of curricular and community resources. Teachers have a limited awareness of these types of resources and indicate a desire to know more about the topics of child bereavement, grieving, and death education (Hare & Cunningham, 1988).

An excellent source of resources for incorporating death education into the curriculum is Wass, Corr, Pacholski, and Forfar (1985). This annotated bibliography contains an extensive list of age-appropriate children's literature, films, videotapes, and other resources. Special editions of journals, such as Carroll (1977) can also be of use to teachers.

School counselors should make teachers aware of community resources and services, which may be helpful to bereaved families. These resources should include the names of counselors and psychologists in the community who are trained in children's loss issues. In addition, such a list would include names of local hospices and grief support groups for children and adults. School counselors can compile such a list by contacting hospices, hospitals, and community mental health organizations in their own communities.

Evaluating the In-Service Program

School counselors can collect feedback from the teachers to evaluate the effectiveness of the in-service program. At the minimum, this feedback should cover the format, and each of the five elements of the in-service program. An open-ended response form asking teachers to indicate what they found most helpful about each section and what improvements could be made in each section is recommended. The overall effectiveness of the in-service program can be assessed by requesting this feedback at the conclusion of the in-service program and several months later, after which teachers may have had the opportunity to use the information.

Summary

In summary, studies (Brennan, 1983; Mosley, 1976; Pratt, Hare, & Wright, 1987) suggested that most teachers of young children have little or no training in assisting children in coping with bereavement. Results of quasiexperimental studies (Hare & Cunningham, 1988; Hare & Skinner, 1988; Molnar-Stickels, 1985) indicated that brief in-service programs or workshops can be an efficient and effective way to increase teachers' knowledge and skill in assisting young children with the tasks of coming to terms with death. After examining their own attitudes toward death, school counselors can conduct in-service programs for teachers that include (a) awareness of children's bereavement behaviors, (b) awareness of children's perceptions of death, (c) awareness of personal attitudes toward death, (d) exercises in dealing with bereaved children's concerns, and (e) awareness of curricular and community resources. Gathering feedback from the teachers can help the school counselor evaluate the effectiveness of the in-service program.

References

Brennan, A. (1983). *Children and death.* (Report No. PS014370). (ERIC Document Reproduction Service No. ED 246 995)

Carroll, M. (Ed.). (1977). Special issue on death. *School Counselor, 24.*

Childers, P., & Wimmer, M. (1971). The concept of death in early childhood. *Child Development, 42,* 705–712.

Evans, B. (1982). The death of a classmate: A teacher's experience dealing with tragedy in the classroom. *Journal of School Health, 52,* 104–107.

Fredlund, D. (1977). Children and death: The school setting viewpoint. *Journal of School Health, 47,* 533–537.

Furman, E. (1984). Children's patterns in mourning the death of a loved one. In H. Wass & C. Corr

(Eds.), *Childhood and death* (pp. 185–202). Washington, DC: Hemisphere.

Gordon, A., & Klass, D. (1979). *They need to know: How to teach children about death.* Englewood Cliffs, NJ: Prentice Hall.

Grollman, E. (1967). *Explaining death to children.* Boston: Beacon Press.

Grollman, E. (1976). *Talking about death: A dialogue between parent and child.* Boston: Beacon Press.

Hare, J., & Courier, B. (1987). *Young children and death: A handbook for parents and teachers.* Menomonie, WI: University of Wisconsin-Stout.

Hare, J., & Cunningham, B. (1988). Effects of child bereavement training program for teachers. *Death Studies, 12,* 345–353.

Hare J., & Skinner, D. (1988). A child bereavement training program for parents. *Early Childhood development and care, 36,* 31–48.

Kubler-Ross, E. (1983). *On children and death.* New York: Macmillan.

Leming, R., & Dickenson, G. (1985). *Understanding dying, death and bereavement.* New York: Rinehart & Winston.

Molnar-Stickels, L. (1985). Effect of a brief instructional unit in death education on the death attitudes of prospective elementary school teachers. *Journal of School Health, 55,* 234–235.

Mosley, P. (1976). *Developing curriculum for death education: How do children learn about death?* (Report No. S0009178). (ERIC Document Reproduction Service No. ED 123 292)

Nagera, H. (1970). Children's reactions to the death of important objects. *Psychoanalytic Study of the Child, 25,* 360–400.

Nagy, M. (1948). The child's theories concerning death. *Journal of Genetic Psychology, 73,* 3–27.

Nelson, R. (1977). Counselors, teachers, and death education. *School Counselor, 24,* 322–329.

Pratt, C., Hare, J., & Wright, C. (1987). Death and dying in early childhood education: Are educators prepared? *Education, 107,* 279–286.

Rando, T. (1984). *Grief, dying and death: Clinical interventions for caregivers.* Champaign, IL: Research Press Company.

Raphael, B. (1983). *The anatomy of bereavement.* New York: Basic Books.

Rosenthal, N., & Terkelson, C. (1978). Death education and counseling. *Counselor Education and Supervision, 18,* 109–114.

Ryerson, M. (1977). Death education and counseling for children. *Elementary School Guidance and Counseling, 11,* 165–174.

Wass, H., & Corr, C. (Eds.) (1984). *Childhood and death.* Washington, DC: Hemisphere.

Wass, H., Corr, C., Pacholski, R., & Forfar, C. (Eds.). (1985). *Death education: An annotated resource guide.* Washington, DC: Hemisphere.

Bruce Cunningham and Jan Hare are both assistant professors in the Department of Human Development, Family Living and Community Educational Services at The University of Wisconsin in Stout.

This article originally appeared in the journal *Elementary School Guidance and Counseling* and is reprinted here with the permission of the American Association for Counseling and Development.

Responding to Children's Fears About War

Jenni Zimmer

Normal and Common Fears

- fear of separation ("Are you going to leave me?")
- fear of abandonment ("Who will take care of me?")
- fear of physical injury ("Will I get hurt?" "Am I safe?")
- fear of death ("Will I die?" "Will you die?")
- fear of being drafted
- fear of global destruction

Issues That Apply to All Ages

1. Open the discussion
   - let young people know that war is "fair game" as a topic
   - be available and accessible
   - ask open-ended questions
   - be non-judgmental
   - gear questions to lower functioning students in group
2. Listen and observe
   - attend to nonverbal behaviors
   - gain an idea of their level of understanding
3. Let children set the direction and pace
4. Be careful not to raise new concerns
   - keep adult concerns to yourselves
   - maintain objectivity in classroom discussions
   - keep from stirring loyalty conflicts (between views of teachers and parents)
5. Answer questions without elaborating too much
6. Be scrupulously honest—but try to be positive
7. Old traumas may be reawakened—be sensitive to vulnerable individuals
8. Be alert to signs of anxiety
   - changes in behavior (such as: difficulties sleeping, clinginess, acting out behaviors, bullying, withdrawal, regression to younger behaviors, emotional volatility)
   - seek professional help, if extreme

Calming Fears

Key ingredients: reassurance, information, and action

1. Reassurance
   - normalize the child's feelings
   - let them know they are not alone and that they are safe

- let them know you (adults) will take care of them

2. Information—gear to the child's age and level of understanding

   a. Preschool child

      Qualities: Awareness of war may be minimal but fantasies may be wild, world revolves around fantasy and make-believe play, reality and fantasy are blurred, burgeoning imagination brings out far-fetched ideas, illogical conclusions common, often believe in magical powers of thoughts and feelings, highly self-centered.
      Responses: Provide reassurance that thoughts and feelings cannot cause events to occur or harm to come to anyone, continually clarify what is real and what is not, reassure that dreams are not real, provide simple but repeated reassurance about personal safety and parent's protection.

   b. Early elementary child

      Qualities: Self-centered, not able to verbalize a wide range of feelings easily, interested in the here and now, cannot relate easily to things distant in time and space, tendency to overgeneralize. Concerns center around their safety and their family's.
      Responses: Keep information on a highly concrete level, personalize it when possible (relate to actual experiences) for greater meaning, give specific, simple reassurance, clarify make-believe and reality.

   c. Middle elementary child

      Qualities: Cognitive development takes a surge from purely concrete to more abstract thinking, able to identify feelings although beginning to inhibit the open expression of them, fear of ridicule and fear of physical injury are common, can relate to things distant in time and space. Common concerns: Am I a "sissy" for being afraid? Am I normal?
      Responses: Provide information at a more in-depth level, allow regression to younger behaviors, correct misinformation, address emotions through displacement activities (books, drawings, puppets), emphasize normalizing of feelings.

   d. Upper elementary child

      Qualities: More verbal, able to think more abstractly, may be increasingly awkward talking about emotions especially in mixed groups, peer group influences become strong, bravado important to boys especially, interested in much more information and will seek out on own.
      Responses: Provide opportunities for research by individuals and by groups, clarify misinformation, be alert to rumors and drama promoted by peer group, give reassurance even if students seem mature and not in need of it, normalize feelings, use peer group as a source of support.

   e. Middle and high school student

      Treating these two groups as one is a simplification. Qualities and responses will vary significantly with age.
      Qualities: Student can engage in reflective thinking and philosophize, hormonal drives (aggressive, erotic) at a peak, striving for emotional independence, tilt toward peer group and away from adults, intense social anxiety, search for self-identity, distrust of adult, emerging value systems, self is seen as invulnerable.
      Responses: Focus on both concrete fact and abstract philosophy, provide constructive outlets for flooded affect and anxiety, encourage parents and staff to be available for regressions, use peer group as an open forum for discussion, contain contagion/hysteria, be prepared to respond to excessive "bravado," heightened risk-taking behaviors, utilize war as an exercise in values clarification.

3. Action—helps to alleviate fears and gives a feeling of control and hope

   Suggestions: Provide opportunities for discussion. Be attentive to your child (put aside all other work for 10 minutes of undivided

attention), play a favorite game and encourage talk while you play, try displacement activities (one step removed), such as reading a book and talking about the feelings and thoughts of the characters in it; maintain household routines, especially bedtime routines (predictability is important: prepare in advance for changes); restrict TV viewing (watch with your child, if you do watch); look for hobbies and household projects your child can do where they are in charge and feel a sense of control; include your child in family decision making at every opportunity.

Jenni Zimmer is a school psychologist with the Ann Arbor, Michigan Public Schools and the mother of three sons. This information is reprinted with her permission.